Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

| PO Box 202501 Helena, MT 59620 | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|---|---|---|--|--|--|
| Elementary District Responsible for Re | eimbursing the Cor | ntract | County | <u> </u> | Legal Entity |
| High School or K-12 District Responsib | ole for Reimbursin | g the Contract | County | | Legal Entity |
| Park H S | | | Park | | 0613 |
| Is this contract shared between el | ementary and h | igh school? | <u>'</u> | | |
| Are you applying for isolation statu (If yes, please attach explanation) | ı | □ No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans | es must be review sportation committee | In order to receive wed and approved by the ee, and the Office of | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM prov Check here only if increased payment District Trustees and the County Trans | due to isolation ha | as been approved by the | Student Name | School | Grade |
| Elem District Approval □ yes | Initials □ no □ no | | Student Name | School | Grade |
| County Approval | □ no | | THIS CONTRACT IS FO Grades 1-12 | <u>DR:</u> | |
| Parent or Guardian Name: (Please | e Print) | | ☐ 1st Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Bonnie Larkin Physical Address (street address | only). | | Pre-kindergarten/Kinder | garten | |
| Triyolodi / taaress (street address | orny). | | ☐ 1st Semester Only | | Both Semesters |
| Distance from home to nearest so Elementary 0 HS 16 Distance from home to nearest but Elementary 0 HS 6 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | is stop, if any (o | · | by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist | times per day, tool Clerk June 1. | days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will transport the studer In March and June, the District shall p transported for the past semester. The payment shall be computed on the | rransportation for the nts. Mileage contract hay the parent the sur | County, hereinal student(s) to and from the school s are valid only when transportation officially approved in the applicable established in Section 20-10- | , and school district (district referred to as the District(s) or bus stop on the days when school is ir on for the distance reported on the contration upon certification by the teacher or put 42, MCA, and the information accompanyer enrolled in school, whichever occurs first | session. The parent or guardict actually occurs. rincipal of the school of the numering this contract. | |
| Elementary School District | Chair, Board | of Trustees | | | Date |
| High School District Park H S | Chair, Board | of Trustees | | | Date |
| | | I attest that the above | information is true and correct. | | |
| Signature - Parent or Guardian | | | | Date | <u> </u> |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | ox 202501 a, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | | | |
|--|--|--|--|---|---|--|--|--|--|
| Elementary District Res | ponsible for Re | eimbursing the | Contract | | County | <u>'</u> | Legal Entity | | |
| High School or K-12 Dis | strict Responsit | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity | | |
| Park H S | | | | | Park | | 0613 | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high school | ol? | | | | | |
| Are you applying for (If yes, please attach | explanation) |) | □ No | | Student Name | School | Grade | | |
| rates for special circum- increased rates, individual trustees of the district, the Public Instruction. (10.7) | stances of isola ual circumstand he county trans | ation of resider ces must be re sportation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if incre District Trustees and the | ased payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade | | |
| Elem District Approval | □ yes | lni □ no | itials | | Student Name | School | Grade | | |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS FO | OR: | | | |
| Parent or Guardian N | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Cynthia Hiatt Physical Address (st | reet address | oulv). | | | Pre-kindergarten/Kinder | | Della Commentaria | | |
| 1 Hydiddi 7 Iddi ddo (dd | | O y /. | | | □ 1st Semester Only KINDERGARTEN/PRE | | y Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 25 to nearest bu HS 0 | ` | | | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | times per day,times per day,times per day,es without other schotimes per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week days per week | | |
| ☐ Contract is for on Students in Each Grade Le | , , | the students to b | be covered by th | is contract. | Deadlines: | | | | |
| | Pre-K | к | 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLERKS: Send origina files. | I to County Supt by July | y 1, retain a copy for your | | |
| Regular Trans | | | | | COUNTY SUPERINTE | NDENTS: Send origina | l to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board Correspondence | | | | | | EIMBURSEMENT RA trict, county and OPI | | | |
| Reg. | | | | | Reimh | ursement rate is detern | nined by | | |
| Contingency Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and school district (dist | rict name) | , | | |
| insured driver will trace. In March and June, transported for the payment shall be traced to | nsport or provide to ansport the studer the District shall poast semester. be computed on the | nts. Mileage con pay the parent the | r the student(s) to stracts are valid of e sum officially a chedule establish | o and from the schoo only when transportat pproved in the applic ned in Section 20-10- | fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure 142, MCA, and the information accompaner enrolled in school, whichever occurs fire | n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract. | | | |
| Elementary School D | | | Chair, Board of Trustees Date | | | | | | |
| High School District Park H S | | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | I attes | t that the above | information is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO B | ox 202501 na, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | | | |
|--|---|--|---|--|---|--|--|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | County | , | Legal Entity | | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity | | |
| Park H S | | | | | Park | | 0613 | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | |
| Are you applying for (If yes, please attach | n explanation) |) | □ No | | Student Name | School | Grade | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7) | stances of isola ual circumstand the county trans | ation of resident ces must be resportation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if incre District Trustees and th | eased payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Student Name | School | Grade | | |
| HS District Approval County Approval | □ yes | □ no □ no | | | THIS CONTRACT IS FO | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | □ 1st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Druska Kinkie Physical Address (st | treet address | only). | | | Pre-kindergarten/Kinder | | Deth Competers | | |
| 1 Hydidai 7 ladi ddd (dl | | Oy /. | | | 1st Semester OnlyKINDERGARTEN/PRE | | y Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 25 | · | | | Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | times per day,times per day,times per day,tes without other schotimes per day,times per day, | days per week days per week days per week ol-age students: days per week days per week days per week | | |
| ☐ Contract is for or Students in Each Grade Le | , , | the students to h | ne covered by th | is contract | Deadlines: | | | | |
| Otadents in Each Grade Ed | Pre-K | K | 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLERKS : Send origina files. | I to County Supt by July | y 1, retain a copy for your | | |
| Regular Trans | | | | | | NDENTS: Send origina | l to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board Correspondence | | | | | | EIMBURSEMENT RA trict, county and OPI | | | |
| Reg. | | | | | Reimh | ursement rate is detern | nined by | | |
| Contingency Spec. Ed. Contin. | | | | | remis | 20-10-142, MCA. | iiild by | | |
| | | | | | | | | | |
| Agreement between | parent (pare | nt name) | | | , and school district (dist | rict name) | ,, | | |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall | nsport or provide transport the studenthe District shall past semester. | nts. Mileage con pay the parent the ne basis of the so | the student(s) to tracts are valid of e sum officially a chedule establish | o and from the school only when transportati pproved in the applicated in Section 20-10- | fter referred to as the District(s) or bus stop on the days when school is in one for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire | n session. The parent or guard ct actually occurs. vincipal of the school of the nur | | | |
| Elementary School I | District | Chair, Boa | Chair, Board of Trustees Date | | | | | | |
| High School District Park H S | | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | I attes | t that the above | information is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box | x 202501 , MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | | | |
|---|--|--|--|---|--|--|--|--|--|
| Elementary District Resp | onsible for Re | eimbursing the | Contract | | County | <u>'</u> | Legal Entity | | |
| High School or K-12 Dist | rict Responsib | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity | | |
| Park H S | | | | | Park | | 0613 | | |
| Is this contract shared ☐ yes ☐ no | between el | ementary an | d high schoo | ol? | | | | | |
| Are you applying for is | explanation) | ı | □ No | | Student Name | School | Grade | | |
| rates for special circums increased rates, individuatrustees of the district, the Public Instruction. (10.7.) | tances of isola al circumstanc e county trans | ation of resident ces must be resportation com- | ce. In order to viewed and appropriate, and the | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if increa District Trustees and the | sed payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade | | |
| Elem District Approval | □ yes □ | Ini □ no | tials | | Student Name | School | Grade | | |
| HS District Approval County Approval | • | □ no | | | THIS CONTRACT IS FO | OR: | | | |
| Parent or Guardian N | ame: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Jennifer Dilworth Physical Address (stre | eet address | oulv). | | | Pre-kindergarten/Kinder | | = D # 0 | | |
| 1 Hysical Address (stit | set address | Orliy). | | | □ 1st Semester Only KINDERGARTEN/PRE | | y Both Semesters | | |
| Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one | HS 12.3 o nearest bu HS 6.1 | · | | | Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | times per day,times per day,times per day,times per day,times per day,times per day,times per day, | days per week days per week days per week ol-age students: days per week days per week days per week | | |
| Students in Each Grade Leve | el - Only include | the students to b | e covered by thi | is contract. | Deadlines: PARENTS: Due to Sch | and Clark June 4 | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send origina | | y 1, retain a copy for your | | |
| Regular Trans | | | | | files. | NDENTS: Sond origina | ll to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | copy for your files. | NDENTS. Send ongina | into OFI by July 10, retail a | | |
| Room & Board | | | | | RI | EIMBURSEMENT RA | | | |
| Correspondence Reg. | | | | | _ | | | | |
| Contingency Spec. Ed. Contin. | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | | |
| | | | | | | | | | |
| Agreement between p | parent (parer | nt name) | | | , and school district (dist | rict name) | , | | |
| insured driver will tran 2. In March and June, the transported for the pa 3. The payment shall be | sport or provide to insport the studer ne District shall posts semester. to computed on the | nts. Mileage con pay the parent the ne basis of the sc | the student(s) to tracts are valid of e sum officially a hedule establish | o and from the schoo only when transportat pproved in the applic ned in Section 20-10- | fter referred to as the District(s) If or bus stop on the days when school is in the distance reported on the contral attion upon certification by the teacher or pure the contral to the | n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract. | | | |
| Elementary School Di | strict | Chair, Boa | Chair, Board of Trustees Date | | | | | | |
| High School District Park H S | | Chair, Boa | rd of Truste | es | | | Date | | |
| | | | l attes | t that the above | information is true and correct. | | | | |
| Signature - Parent or G | uardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | ue to School Cl | | | | |
|--|---|--|--|---------------------------------------|---|---|---|---|--------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | nty | <u> </u> | Legal Entity | |
| High School or K-12 D | istrict Responsil | ole for Reimbu | rsing the Conf | tract | Cou | nty | | Legal Entity | |
| Park H S | | | | | Pa | rk | | 0613 | |
| Is this contract shar | ed between el | ementary ar | nd high scho | ol? | | | | | |
| □ yes□ noAre you applying for | r isolation stat | us? □ Yes | □ No | | Student N | In man | Cohool | Crada | - |
| (If yes, please attac ISOLATION: Section | h explanation) 20-10-142, MCA |) A, provides for | increased reir | mbursement | Student r | vame | School | Grade | ; |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appointment in the mittee, and mittee mittee. | o receive oproved by the | Student N | Name | School | Grade | • |
| Check here only if incr District Trustees and the | eased payment | due to isolatio sportation Com | n has been ap nmittee. | proved by the | Student N | lame | School | Grade | · • |
| Elem District Approval | | □ no | itials | | Student N | Name | School | Grade | • |
| HS District Approval County Approval | • | □ no □ no | | | | NTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1 □ 1st Se | -12 mester Only | □ 2nd Semester On | ly Both Semesters | |
| Jody Vines | | | | | | ergarten/Kinder | | | |
| Physical Address (s | treet address | only): | | | □ 1st Se | mester Only | □ 2nd Semester On | ly Both Semesters | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o | HS 28 e to nearest bu HS 9 | , | • | | Kinderga by this c To or fron To or fron Kinderga To or fron | arten child ride ontract: n Bus Stop n School arten child ride n Bus Stop | times per day, times per day, times per day, es <u>without</u> other scho | days per week days per week days per week col-age students: days per week days per week days per week | |
| Students in Each Grade L | | the students to b | ne covered by th | is contract. | <u>Deadlir</u> | | | | |
| | Pre-K | K | 1-8 | 9-12 | PARENT | S: Due to Sch | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLERKS files. | : Send origina | l to County Supt by Ju | ly 1, retain a copy for your | |
| Regular Trans | | | | | | SUPERINTER | NDENTS: Send origina | al to OPI by July 10, retain | а |
| Spec. Ed. Trans | | | | | copy for y | | TDEITTO. Ocha ong | un to of r by outy 10, retuin | u |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (FOI dis | trict, county and OP | ruse only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | l | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | , and sch | ool district (dist | rict name) | | _, |
| (county name) | | | | County, hereinat | fter referred to as | the District(s) | | | |
| | ansport or provide | | | | | | | dian assures that a licensed and | |
| In March and June | , the District shall p | | | | ion for the distance repartion upon certification | | | umber of days the student(s) was | |
| | be computed on the | | | | 142, MCA, and the info er enrolled in school, v | | | | |
| Elementary School | | | ard of Truste | | | | - | Date | |
| High School District Park H S | : | Chair, Boa | ard of Truste | es | | Date | | | |
| | | | l attes | t that the above | information is tru | e and correct. | | | |
| Signature - Parent or | Guardian | | | | | · · · · · · · · · · · · · · · · · · · | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box | x 202501 , MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|---|---|--|---|---|---|--|---|
| Elementary District Resp | onsible for Re | eimbursing the | Contract | | County | · | Legal Entity |
| High School or K-12 Dist | rict Responsib | ole for Reimbu | rsing the Conf | tract | County | | Legal Entity |
| Park H S | | | | | Park | | 0613 |
| Is this contract shared ☐ yes ☐ no | l between el | ementary an | d high scho | ol? | | | |
| Are you applying for is (If yes, please attach | explanation) | 1 | □ No | | Student Name | School | Grade |
| rates for special circumst increased rates, individua trustees of the district, th Public Instruction. (10.7. | tances of isola al circumstanc e county trans | ation of resident ces must be resportation com- | ice. In order to viewed and appoint and the mittee, and the contraction in the contractio | o receive oproved by the | Student Name | School | Grade |
| Check here only if increa District Trustees and the | sed payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval | □ yes □ | | tials | | Student Name | School | Grade |
| | • | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian N | ame: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Kay Spallone | | | | | Pre-kindergarten/Kinde | ergarten | |
| Physical Address (stre | eet address | only): | | | ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve | HS 30 o nearest bu HS 6 e-way only | ıs stop, if any | / (one way) | is contract. | by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop To or from School Deadlines: | times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day, | days per week days per week days per week col-age students: days per week days per week days per week |
| Γ | Pre-K | K | 1-8 | 9-12 | PARENTS: Due to So | hool Clerk June 1. | |
| - | Total | Total | Total | Total | CLERKS: Send origin files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | NDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your files. | NEW ADUIDOEMENT D | A.T.E. |
| Room & Board Correspondence | | | | | | EIMBURSEMENT RA strict, county and OPI | |
| Reg. Contingency | | | | | Reim | bursement rate is deterr | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| | | | | | | | |
| Agreement between p | arent (parer | nt name) | | | , and school district (dis | , | ······································ |
| insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be | sport or provide to ensport the studer the District shall post semester. the computed on the | nts. Mileage con pay the parent the ne basis of the sc | the student(s) to tracts are valid of e sum officially a shedule establish | o and from the school only when transportati approved in the applicated in Section 20-10- | Iter referred to as the District(s or bus stop on the days when school is ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompa | in session. The parent or guard act actually occurs. principal of the school of the nu nying this contract. | |
| 4. This contract shall ter Elementary School Di | | | ear or when the ard of Truste | | er enrolled in school, whichever occurs f | ırst. | Date |
| High School District Park H S | | Chair, Boa | ard of Truste | es | | | Date |
| | | <u> </u> | I attes | t that the above | information is true and correct | | |
| Signature - Parent or G | uardian | | | | | Date | |

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

| <u> </u> | _ | 1. | | -1 | _ |
|----------|----|----|----|----|---|
| l .n | ın | П | ra | CT | I |

| PO Box 2 | Public Instruct 02501 IT 59620-25(| | | | School Year 2004- 2005 ue to School Clerk June | 1 | |
|---|--|--|---|---|--|---|--|
| Elementary District Respons | sible for Reimbu | ursing the C | Contract | | County | <u> </u> | Legal Entity |
| High School or K-12 District | Responsible fo | or Reimburs | ing the Cont | ract | County | | Legal Entity |
| Park H S | | | | | Park | | 0613 |
| Is this contract shared be ☐ yes ☐ no | etween eleme | entary and | high school | ol? | | | |
| Are you applying for isola (If yes, please attach exp ISOLATION: Section 20-10 | lanation) | | □ No | nhursement | Student Name | School | Grade |
| rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116 | ces of isolation ircumstances mounty transporta | of residence nust be revieus ation comm | e. In order to ewed and ap ittee, and the | receive proved by the | Student Name | School | Grade |
| Check here only if increased District Trustees and the Co | I payment due t | to isolation | has been ap | proved by the | Student Name | School | Grade |
| | yes □ no yes □ no | | als | | Student Name | School | Grade |
| County Approval | yes □ no e: (Please Pr | | | | Grades 1-12 Ist Semester On | | ly □ Both Semesters |
| Laura Boise Physical Address (street | address only | ·): | | | Pre-kindergarten/Kiı □ 1st Semester On | ndergarten ly □ 2nd Semester On | ly □ Both Semesters |
| Distance from home to n Elementary 0 HS Contract is for one-w Students in Each Grade Level - C | earest bus stops 3.5 ay only Only include the stops | op, if any | (one way) | s contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School Deadlines: PARENTS: Due to CLERKS: Send ori files. COUNTY SUPERIN copy for your files. | times per day, | days per week da |
| Correspondence Reg. Contingency Spec. Ed. Contin. | | | | | | eimbursement rate is detern 20-10-142, MCA. | |
| insured driver will transpo 2. In March and June, the D transported for the past s 3. The payment shall be cor | or provide transport the students. No instruct shall pay the emester. In puted on the basate at the end of the state of th | portation for the dileage contrate parent the series of the school years | ne student(s) to acts are valid o sum officially ap | County, hereina o and from the schoo nly when transporta oproved in the appli- ed in Section 20-10 student(s) is no long | , and school district of the referred to as the District of or bus stop on the days when school tion for the distance reported on the cation upon certification by the teacher 142, MCA, and the information accorder enrolled in school, whichever occurrences. | ct(s). It is in session. The parent or guard contract actually occurs. It or principal of the school of the numpanying this contract. | |
| High School District Park H S | C | hair, Board | d of Trustee | es | | | Date |
| i aikii o | | | I attest | that the above | information is true and corr | ect. | 1 |
| Signature - Parent or Guar | dian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | e to School Clerk June 1 | | | |
|---|--|--|---|--|---|--|---|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | County | <u> </u> | Legal Entity | |
| | | | | | | | | |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity | |
| Park H S | | | | | Park | | 0613 | |
| Is this contract shar □ yes □ no | red between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo | h explanation |) | □ No | | Student Name | School | Grade | |
| ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10) | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to eviewed and application. | o receive oproved by the | Student Name | School | Grade | |
| Check here only if inconstruct Trustees and t | reased payment | due to isolatio | n has been ap | pproved by the | Student Name | School | Grade | |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | School | Grade | |
| HS District Approval County Approval | , | □ no □ no | | | THIS CONTRACT IS F | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters | |
| Susan Federsp Physical Address (s | | only): | | | Pre-kindergarten/Kinde 1st Semester Only | | y □ Both Semesters | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for contract in contract is for contract is for contract is | HS 15 e to nearest bu HS 0 ene-way only | us stop, if an | y (one way) | is contract. | by this contract: To or from Bus Stop To or from School Kindergarten child rid | times per day, times per day, es without other scho times per day, times per day, | days per week days per week days per week col-age students: days per week days per week days per week days per week | |
| Regular Trans | Total | Total | Total | Total | CLERKS: Send originatiles. | al to County Supt by Jul | y 1, retain a copy for your | |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTE copy for your files. | NDENTS: Send origina | al to OPI by July 10, retain a | |
| Room & Board Correspondence | | | | | | EIMBURSEMENT R. trict, county and OPI | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | Reimb | oursement rate is detern 20-10-142, MCA. | mined by | |
| insured driver will 2. In March and June transported for the 3. The payment shal | ws: ansport or provide transport the stude the pistrict shall to past semester. I be computed on the | transportation for nts. Mileage cor pay the parent the | r the student(s) t htracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the applicated in Section 20-10-1 | , and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accompare enrolled in school, whichever occurs fir | n session. The parent or guard actually occurs. or incipal of the school of the nu ying this contract. | | |
| Elementary School | | | ard of Truste | | | | Date | |
| High School Distric Park H S | t | Chair, Boa | ir, Board of Trustees Date | | | | | |
| | | | l attes | t that the above i | information is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | Date | | |

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

| _ | | | | |
|----|----|----|-----|---|
| Co | nt | ra | ∩t. | + |
| | | | | |

| PO B | ox 202501 na, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|---|----------------------------------|-------------------|------------------|--------------------|---|-----------------------------|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Livingston Elem | • | · · | | | Park | | 0612 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Conf | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | nd high scho | ol? | | | • |
| Are you applying for | | | □ No | | Student Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased reir | mbursement | | Concor | 01440 |
| rates for special circum increased rates, individ | stances of isola | ition of resider | nce. In order t | o receive | Student Name | School | Grade |
| trustees of the district, the Public Instruction. (10.7) | the county trans | sportation com | mittee, and th | | | | |
| · · | · | J | · · | | Student Name | School | Grade |
| Check here only if incre District Trustees and th | | sportation Com | nmittee. | proved by the | | | |
| Elem District Approval | □ yes | Ini □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | , | □ no □ no | | | THIS CONTRACT IS FO | R: | |
| Parent or Guardian | | e Print) | | | Grades 1-12 | □ 2nd Semester Only | y □ Both Semesters |
| David & Erin Bo | wden | | | | , | • | y Doill Semesters |
| Physical Address (st | | only): | | | Pre-kindergarten/Kinderg ☐ 1st Semester Only | | y □ Both Semesters |
| | | | | | | | |
| | | | | | KINDERGARTEN/PREM Kindergarten child ride | | ge students also covered |
| Distance from home Elementary 0 | to nearest so | chool (one wa | ay) | | by this contract: | · | days per week |
| · | | | | | To or from School | times per day, _ | days per week |
| Distance from home Elementary 5 | to nearest bu | ıs stop, if an | y (one way) | | Kindergarten child ride | s without other scho | ol-age students: days per week |
| , | | | | | To or from School | times per day, _ | days per week |
| Contract is for or Students in Each Grade Le | , , | the students to h | ne covered by th | is contract | Deadlines: | | |
| Students III Lacii Grade Le | | | - | | PARENTS: Due to Scho | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send original | to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | | files. | ,, | , ,,, . , |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTEN copy for your files. | DENTS : Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | IMBURSEMENT RA | \TE |
| | | | | | | rict, county and OPI | |
| Correspondence | | | | | | | |
| Reg. Contingency | | | | | Reimbu | ırsement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| | | | | | | | |
| | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and school district (distr | ict name) | ······································ |
| (county name) The parties agree as follow | ··· | | | County, hereina | fter referred to as the District(s). | | |
| The parent shall tra | nsport or provide | | | | ol or bus stop on the days when school is in tion for the distance reported on the contract | | ian assures that a licensed and |
| | the District shall p | | | | cation upon certification by the teacher or pr | | mber of days the student(s) was |
| The payment shall | be computed on the | | | | 142, MCA, and the information accompany er enrolled in school, whichever occurs first | | |
| Elementary School I Livingston Elem | | | ard of Truste | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | Lattes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | ı alles | t triat trie above | information is true and correct. | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | chool Year 2004- 2005 e to School Clerk June 1 | | |
|--|-------------------------------------|--|---------------------------------------|--|--|--|---------------------------------------|
| Elementary District Re | | | Contract | | County | | Legal Entity |
| Livingston Elem | | J | | | Park | | 0612 |
| High School or K-12 D | i istrict Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar | ed between e | lementary ar | nd high scho | ol? | | | |
| □ yes□ noAre you applying fo | r isolation stat | us? □ Yes | □ No | | | | · · · · · · · · · · · · · · · · · · · |
| (If yes, please attaction: Section | h explanation |) | | mhuraamant | Student Name | School | Grade |
| rates for special circur increased rates, individual | nstances of isola | ation of resider | nce. In order t | to receive | Student Name | School | Grade |
| trustees of the district, | the county tran | sportation com | mittee, and th | | | 33.133. | 5.445 |
| Public Instruction. (10. | | , and the second | ŕ | | Student Name | School | Grade |
| Check here only if incr District Trustees and t | | sportation Con | nmittee. | oproved by the | | | |
| Elem District Approval | | □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | • | □ no | | | THIS CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Jeff & Maria Ma | | | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | | ly Doth Semesters |
| | | | | | KINDERGARTEN/PREI | | |
| Distance from home | | chool (one wa | ay) | | by this contract: | | age students also covered |
| Elementary 9 | HS 0 | | | | To or from Bus Stop To or from School | times per day, times per day. | days per week days per week |
| Distance from home Elementary 3 | e to nearest but HS 0 | us stop, if an | y (one way) | | Kindergarten child ride | es without other scho | ool-age students: |
| ☐ Contract is for o | ne-way only | | | | To or from School | times per day, | days per week days per week |
| Students in Each Grade L | | the students to I | ne covered by th | is contract. | Deadlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | | I to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | files. | | |
| Spec. Ed. Trans | | | | | copy for your files. | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | RE | EIMBURSEMENT R | ATE |
| Correspondence | | | | | (For dist | rict, county and OPI | l use only) |
| Reg. | | | | | _ | | |
| Contingency | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | |
| | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and school district (dist | rict name) | , |
| (county name) | | | | County, hereinaf | ter referred to as the District(s). | | |
| | ansport or provide | | | | or bus stop on the days when school is in on for the distance reported on the contra | | dian assures that a licensed and |
| In March and June transported for the | , the District shall | pay the parent th | e sum officially a | approved in the applica | ition upon certification by the teacher or p | rincipal of the school of the nu | umber of days the student(s) was |
| The payment shall This contract shall | be computed on t terminate at the e | he basis of the so nd of the school | chedule establish year or when the | hed in Section 20-10-1 student(s) is no longe | 42, MCA, and the information accompany enrolled in school, whichever occurs first | ying this contract. st. | |
| Elementary School Livingston Elem | District | Chair, Boa | ard of Truste | es | | | Date |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date |
| | | 1 | I attes | t that the above i | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|---|--|--|--|--|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Livingston Elem | 1 | | | | Park | | 0612 |
| High School or K-12 D | istrict Responsi | ble for Reimbu | irsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | |
| Are you applying for (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individual trustees of the district, | nstances of isolation | ation of resider ces must be re | nce. In order to eviewed and appropriate the contraction of the contra | to receive pproved by the | Student Name | School | Grade |
| Public Instruction. (10. | 7.116 ARM pro | vides guideline | es for such.) | | Student Name | School | Grade |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | oproved by the | | | |
| Elem District Approval HS District Approval | | □ no | itials | | Student Name | School | Grade |
| | | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | ☐ 2nd Semester Onl | y Both Semesters |
| Karen O'Conno | | | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only | | y Both Semesters |
| Distance from home Elementary 11 Distance from home Elementary 5 Contract is for o Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest be HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis | times per day, times per day, times per day, times per day, es without other schottimes per day, times per day, times per day, times per day, and Clerk June 1. | days per week da |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide ransport the stude, the District shall past semester. be computed on t | transportation fo ints. Mileage cor pay the parent the | r the student(s) t htracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the applicated in Section 20-10-1 | , and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or place. 142, MCA, and the information accompaner enrolled in school, whichever occurs fire | n session. The parent or guard act actually occurs. principal of the school of the nu | |
| Elementary School Livingston Elem | | | ard of Truste | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | <u> </u> | I attes | t that the above i | information is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | e to School Clerk June 1 | | |
|--|--|-------------------|--------------------|-------------------------|--|---|----------------------------------|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Livingston Elem | | J | | | Park | | 0612 |
| High School or K-12 D | i District Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar □ yes □ no | red between e | lementary ar | nd high scho | ol? | <u> </u> | | |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | | | |
| (If yes, please attaction: Section | ch explanation |) | | mhursomont | Student Name | School | Grade |
| rates for special circur | mstances of isola | ation of resider | nce. In order t | to receive | Student Name | School | Grade |
| increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) | | | | | | | |
| Check here only if increased payment due to isolation has been approved by the | | | | anroyed by the | Student Name | School | Grade |
| District Trustees and t | | sportation Con | nmittee. | oproved by the | | | |
| | Initials Elem District Approval □ yes □ no | | | | | School | Grade |
| HS District Approval County Approval | | □ no | | | THIS CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | □ 2nd Semester On | ly Both Semesters |
| Marla DeCew | | | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (street address only): | | | | | ☐ 1st Semester Only | ☐ 2nd Semester On | ly Doth Semesters |
| | | | | | KINDERGARTEN/PRE | | |
| Distance from home | | chool (one wa | ay) | | by this contract: | <u> </u> | age students also covered |
| Elementary 5 | HS 0 | | | | To or from Bus Stop To or from School | times per day, times per day, | days per week days per week |
| Distance from home Elementary 0 | e to nearest bi HS 0 | us stop, if an | y (one way) | | Kindergarten child ride | es without other scho | ool-age students: |
| □ Contract is for o | ne-way only | | | | To or from School | times per day, | days per week days per week |
| Students in Each Grade L | | the students to I | be covered by th | is contract. | Deadlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS: Send origina files. | I to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | | | |
| Spec. Ed. Trans | | | | | copy for your files. | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | RI | EIMBURSEMENT R | ATE |
| Correspondence | | | | | (For dis | trict, county and OPI | use only) |
| Reg. | | | | | | | |
| Contingency | | | | | Reimb | ursement rate is determed 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | |
| | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and school district (dist | rict name) | , |
| (county name) The parties agree as follow | | | | County, hereinaf | ter referred to as the District(s) | | |
| The parent shall transfer | ansport or provide | | | | or bus stop on the days when school is in on for the distance reported on the contra | | dian assures that a licensed and |
| In March and June transported for the | e, the District shall | pay the parent th | e sum officially a | approved in the applica | ation upon certification by the teacher or p | principal of the school of the nu | imber of days the student(s) was |
| This contract shall | terminate at the e | nd of the school | year or when the | student(s) is no longe | 42, MCA, and the information accompaner enrolled in school, whichever occurs fire | ying this contract. st. | |
| Elementary School Livingston Elem | District | Chair, Boa | ard of Truste | ees | | | Date |
| High School District | t | Chair, Boa | ard of Truste | ees | | | Date |
| | | | I attes | t that the above i | information is true and correct. | | <u> </u> |
| Signature - Parent or | r Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | | e to School Clerk June 1 | | |
|---|--|--|--|--|---|
| Elementary District Responsible for R | Reimbursing the Contract | | County | | Legal Entity |
| Livingston Elem | | | Park | | 0612 |
| High School or K-12 District Respons | sible for Reimbursing the Co | ntract | County | | Legal Entity |
| Is this contract shared between e | elementary and high sch | ool? | | | |
| Are you applying for isolation sta (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | n) | eimbursement | Student Name | School | Grade |
| rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar Public Instruction. (10.7.116 ARM pro | lation of residence. In order nces must be reviewed and asportation committee, and t | r to receive approved by the | Student Name | School | Grade |
| Check here only if increased paymen District Trustees and the County Tran | t due to isolation has been a asportation Committee. | approved by the | Student Name | School | Grade |
| Elem District Approval ☐ yes HS District Approval ☐ yes | Initials □ no □ no | | Student Name | School | Grade |
| County Approval | □ no | | THIS CONTRACT IS FO | <u>DR:</u> | |
| Parent or Guardian Name: (Pleas | se Print) | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Melanie Nashan Physical Address (street address | s only): | | Pre-kindergarten/Kinder | | ly Dath Samastara |
| | | | 1st Semester OnlyKINDERGARTEN/PRE | | iy 🗆 Botti Semesters |
| Distance from home to nearest s Elementary 11 HS 0 Distance from home to nearest b Elementary 5 HS 0 Contract is for one-way only Students in Each Grade Level - Only include | ous stop, if any (one way | | Kindergarten child ride To or from Bus Stop | es <u>without</u> other scho times per day, _ times per day, _ | days per week days per week pol-age students: days per week days per week |
| Pre-K | _ K1-8 | 9-12 | | | |
| Total | Total Total | Total | CLERKS: Send origina files. | I to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | COUNTY SUPERINTEN | NDENTS: Send original | al to OPI by July 10, retain a |
| Room & Board | | | | EIMBURSEMENT R | ATE |
| Correspondence | | | (For dist | rict, county and OP | I use only) |
| Reg. Contingency | | | Reimb | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| insured driver will transport the stude | e transportation for the student(s | County, hereinaft) to and from the school | , and school district (dist ter referred to as the District(s). or bus stop on the days when school is in on for the distance reported on the contra tition upon certification by the teacher or p | session. The parent or guar | |
| The payment shall be computed on | | | 42, MCA, and the information accompany enrolled in school, whichever occurs first | | |
| Elementary School District | Chair, Board of Trust | | | | Date |
| Livingston Elem High School District | Chair, Board of Trust | tees | | | Date |
| | l atte | est that the above i | information is true and correct. | | <u> </u> |
| Signature - Parent or Guardian | . 4110 | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | chool Year 2004- 2005 e to School Clerk June 1 | | |
|--|--|-------------------|--------------------|-------------------------|---|--|----------------------------------|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Livingston Elem | | J | | | Park | | 0612 |
| High School or K-12 D | i District Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar □ yes □ no | red between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo | r isolation stat | tus? □ Yes | □ No | | - | | |
| (If yes, please attaction: Section | ch explanation |) | | mhursomont | Student Name | School | Grade |
| rates for special circur | mstances of isola | ation of resider | nce. In order t | o receive | Student Name | School | Grade |
| increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) | | | | | | | |
| , | Check here only if increased payment due to isolation has been approved by the | | | | Student Name | School | Grade |
| District Trustees and t | | sportation Con | | pproved by the | | | |
| Elem District Approval | | □ no | | | Student Name | School | Grade |
| | □ yes | □ no | | | THIS CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | □ 2nd Semester On | ly Both Semesters |
| Patricia Howard | | | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | ☐ 2nd Semester On | ly Doth Semesters |
| | | | | | KINDERGARTEN/PRE | | |
| Distance from home | | chool (one wa | ay) | | by this contract: | <u> </u> | age students also covered |
| Elementary 6 | HS 0 | | | | To or from Bus Stop To or from School | times per day, times per day, | days per week days per week |
| Distance from home Elementary 3 | e to nearest bi HS 0 | us stop, if an | y (one way) | | Kindergarten child ride | es without other scho | ool-age students: |
| □ Contract is for o | ne-way only | | | | To or from School | times per day, | days per week days per week |
| Students in Each Grade L | | the students to I | ne covered by th | is contract. | Deadlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS: Send origina files. | ll to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | | | |
| Spec. Ed. Trans | | | | | copy for your files. | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | RI | EIMBURSEMENT R | ATE |
| Correspondence | | | | | (For dis | trict, county and OP | I use only) |
| Reg. | | | | | | | |
| Contingency | | | | | Reimb | ursement rate is determant 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | |
| | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and school district (dist | rict name) | , |
| (county name) The parties agree as follow | | | | County, hereinaff | ter referred to as the District(s) | | |
| The parent shall transfer | ansport or provide | | | | or bus stop on the days when school is in on for the distance reported on the contra | | dian assures that a licensed and |
| In March and June transported for the | e, the District shall past semester. | pay the parent th | e sum officially a | approved in the applica | tion upon certification by the teacher or p | orincipal of the school of the nu | umber of days the student(s) was |
| This contract shall | terminate at the e | nd of the school | ear or when the | student(s) is no longe | 42, MCA, and the information accompan er enrolled in school, whichever occurs fire | ying this contract. st. | Γ |
| Elementary School Livingston Elem | District | Chair, Boa | ard of Truste | es | | | Date |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above i | information is true and correct. | | |
| Signature - Parent or | r Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | chool Year 2004- 2005 e to School Clerk June 1 | | |
|--|--|--------------------|-----------------------------------|-------------------------------|---|--|--|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Livingston Elem | | J | | | Park | | 0612 |
| High School or K-12 D | i District Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar | red between e | lementary ar | nd high scho | ol? | | | <u> </u> |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | 0.1.1 | | |
| (If yes, please attaction: ISOLATION: Section | ch explanation |) | | mhursement | Student Name | School | Grade |
| rates for special circur | mstances of isola | ation of resider | nce. In order t | to receive | Student Name | School | Grade |
| increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) | | | | | | | |
| , | Check here only if increased payment due to isolation has been approved by the | | | | Student Name | School | Grade |
| District Trustees and t | | sportation Con | | oprovod by the | | | · · · · · · · · · · · · · · · · · · · |
| Elem District Approval HS District Approval | | □ no | | | Student Name | School | Grade |
| County Approval | □ yes | □ no | | | THIS CONTRACT IS FOR | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | □ 2nd Semester On | ly Both Semesters |
| Susanne Fossum Physical Address (street address only): | | | | | Pre-kindergarten/Kinder | | |
| 1 Hysical Address (c | on con address | Orliy). | | | ☐ 1st Semester Only | | ly Both Semesters |
| | | | | | KINDERGARTEN/PRE Kindergarten child ride | | age students also covered |
| Distance from home Elementary 6 | e to nearest so HS 0 | chool (one wa | ay) | | by this contract: | times ner day | days per week |
| Distance from home | e to nearest bi | us ston if an | v (one wav) | | To or from School Kindergarten child ride | times per day, | days per week |
| Elementary 5 | HS 0 | ao otop, ii aii | y (one way) | | To or from Bus Stop | times per day, | days per week days per week |
| □ Contract is for o | ne-way only | | | | To or from School | times per day, _. | days per week |
| Students in Each Grade L | evel - Only include | the students to I | be covered by th | is contract. | <u>Deadlines:</u> PARENTS: Due to Sch | ool Clerk June 1 | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | ly 1, retain a copy for your |
| Danulas Trans | Total | Total | Total | Total | files. | i to County Supt by Ju | iy i, retaiii a copy for your |
| Regular Trans | | | | | | NDENTS: Send original | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your files. | | |
| Room & Board | | | | | RI | EIMBURSEMENT R trict, county and OP | |
| Correspondence | | | | | (1 01 013 | and, county and or | r doc orny) |
| Reg. Contingency | | | | | Reimb | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | , |
| | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | , and school district (dist | rict name) | |
| | ir paroni (paro |) | | | ter referred to as the District(s) | , | ······································ |
| (county name) The parties agree as follo 1. The parent shall tr | | transportation for | | • | or bus stop on the days when school is in | | dian assures that a licensed and |
| insured driver will | transport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the distance reported on the contra tion upon certification by the teacher or p | ct actually occurs. | |
| transported for the 3. The payment shall | l be computed on t | he basis of the so | chedule establis | hed in Section 20-10-1 | 42, MCA, and the information accompan | ying this contract. | |
| Elementary School | | | year or when the ard of Truste | | er enrolled in school, whichever occurs fire | ol. | Date |
| Livingston Elem High School Distric | t | Chair, Boa | ard of Truste | es | | | Date |
| | | | 1 11 | 4 414 41- · · · · · · · · · · | information in to | | |
| Signature - Parent or | r Guardian | | I attes | t that the above i | information is true and correct. | Date | |
| Jigilaturo Tarent Or | Juan unum | | | | | 1 3010 | |

Linda McCulloch, Superintendent | INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| OPI Office of Public Inst PO Box 202501 Helena, MT 59620 | truction | Sch Due t | T contact. | | | |
|---|--|---|---|----------------------------|--|--|
| Elementary District Responsible for Re | imbursing the Contract | | County | Legal Entity | | |
| Livingston Elem | | | Park | 0612 | | |
| High School or K-12 District Responsib | ole for Reimbursing the Contr | act | County | Legal Entity | | |
| Park H S | | | Park | 0613 | | |
| Is this contract shared between el ☐ yes ☐ no | ementary and high schoo | 1 ? | | | | |
| Are you applying for isolation state (If yes, please attach explanation) | 1 | | Student Name School | Grade | | |
| ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In order to sees must be reviewed and app sportation committee, and the | receive proved by the | Student Name School Grade | | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been appropertation Committee. | proved by the | Student Name School | Grade | | |
| | Initials □ no □ no | | Student Name School | Grade | | |
| County Approval | □ no | | THIS CONTRACT IS FOR: | | | |
| Parent or Guardian Name: (Please | e Print) | | Grades 1-12 ☐ 1st Semester Only ☐ 2nd Seme | ster Only Both Semesters | | |
| Michelle Roush | I. A. | | Pre-kindergarten/Kindergarten | | | |
| Physical Address (street address | only): | | ☐ 1st Semester Only ☐ 2nd Seme | ster Only Both Semesters | | |
| Distance from home to nearest screlementary 0 HS 10 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence | us stop, if any (one way) | 9-12 Total | Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week | | | |
| Reg. Contingency Spec. Ed. Contin. | | | Reimbursement rate i 20-10-142, | | | |
| | | | | | | |
| insured driver will transport the studer In March and June, the District shall p transported for the past semester. The payment shall be computed on the | transportation for the student(s) to nts. Mileage contracts are valid or pay the parent the sum officially ap the basis of the schedule established. | and from the school or bally when transportation for proved in the application ed in Section 20-10-142, | , and school district (district name) referred to as the District(s). bus stop on the days when school is in session. The pare or the distance reported on the contract actually occurs. In upon certification by the teacher or principal of the school MCA, and the information accompanying this contract. Intolled in school, whichever occurs first. | • | | |
| Elementary School District Livingston Elem | Chair, Board of Trustee | es | | Date | | |
| High School District Park H S | Chair, Board of Trustee | es | | Date | | |
| raikΠδ | Lottoot | that the above info | ormation is true and correct | | | |
| Signature Perent or Cuerdien | ı aitest | uiat the above into | ormation is true and correct. | | | |

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

| Office of Public In PO Box 202501 Helena, MT 5962 | | | | ar 2004- 2005 ol Clerk June 1 | | |
|--|---|---|--|---|---|--|
| Elementary District Responsible for F | Reimbursing the Cor | ntract | | County | • | Legal Entity |
| Livingston Elem | | | | Park | | 0612 |
| High School or K-12 District Respons | sible for Reimbursin | g the Contract | | County | | Legal Entity |
| Park H S | | | | Park | | 0613 |
| Is this contract shared between ☐ yes ☐ no | elementary and h | igh school? | | | | |
| Are you applying for isolation sta (If yes, please attach explanation ISOLATION: Section 20-10-142, MG | n) | □ No | Stud | dent Name | School | Grade |
| rates for special circumstances of isc increased rates, individual circumsta trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr | plation of residence. nces must be review nsportation committe | In order to receive yed and approved by the ee, and the Office of | Stud | dent Name | School | Grade |
| Check here only if increased paymer District Trustees and the County Tra | nt due to isolation ha | s been approved by the ee. | Stud | dent Name | School | Grade |
| Elem District Approval yes HS District Approval yes | ☐ no ☐ no | | Stud | dent Name | School | Grade |
| County Approval | □ no | | | S CONTRACT IS FO des 1-12 | OR: | |
| Parent or Guardian Name: (Plea | se Print) | | | st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Pebbles Venus Banthem Physical Address (street addres | 0.001111 | | Pre- | kindergarten/Kinder | garten | |
| Friysical Address (street addres | s only). | | | • | | y Both Semesters |
| Distance from home to nearest selementary 0 HS 11.5 Distance from home to nearest selementary 0 HS 10.5 Contract is for one-way only students in Each Grade Level - Only includents in | bus stop, if any (o | vered by this contract. 1-8 9-12 Total Total | Eximate Service Servic | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Sch ERKS: Send origina UNTY SUPERINTER y for your files. REI REI REI REI REI REI REI REI REI RE | times per day, times | days per week da |
| (county name) The parties agree as follows: The parent shall transport or provid insured driver will transport the student transported for the past semester. The payment shall be computed on the payment shall be payment sh | e transportation for the lents. Mileage contract I pay the parent the sur the basis of the sched end of the school year | County, here student(s) to and from the so s are valid only when transp n officially approved in the a ule established in Section 20 or when the student(s) is no | cinafter referred chool or bus stop on ortation for the dista pplication upon certi 0-10-142, MCA, and | nce reported on the contra fication by the teacher or p the information accompan | n session. The parent or guard ct actually occurs. rincipal of the school of the nu | mber of days the student(s) was |
| Elementary School District Livingston Elem | Chair, Board | | | | | Date |
| High School District Park H S | Chair, Board | of Trustees | | | | Date |
| | | I attest that the abo | ove information | is true and correct. | | |
| Signature - Parent or Guardian | | | <u></u> | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | 2004- 2005 Clerk June 1 | | |
|---|---|------------------------------------|-----------------------------|------------------------|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity |
| | | | | | | | | |
| High School or K-12 D | istrict Responsi | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity |
| Gardiner H S | and beative are a | | d h:alb a alb a | -10 | | Park | | 1191 |
| Is this contract shar ☐ yes ☐ no | ed between e | ementary and | a nign scno | 01? | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation 20-10-142, MC/ |) A, provides for i | □ No | mbursement | Stude | nt Name | School | Grade |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be rev sportation comr | viewed and apmittee, and th | oproved by the | Stude | nt Name | School | Grade |
| | Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | nt Name | School | Grade |
| Elem District Approval | □ no | ials | | Stude | nt Name | School | Grade | |
| County Approval | HS District Approval | | | | | | OR: | |
| Parent or Guardian | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Onl | y Both Semesters | |
| Jerry L. Murphy | | | | | ndergarten/Kinder | | | |
| Physical Address (s | only): | | | □ 1st | Semester Only | □ 2nd Semester Onl | y Both Semesters | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o | HS 11.5 e to nearest bu HS 4.5 | | • / | | by thi To or t To or t Kinde To or t | s contract: from Bus Stop from School grgarten child ride from Bus Stop | times per day, _ times per day, _ times per day, _ es <u>without</u> other scho times per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week |
| Students in Each Grade L | • • | the students to be | e covered by th | is contract. | | dlines: | | |
| | Pre-K | К | 1-8 | 9-12 | | NTS: Due to Sch | | |
| | Total | Total | Total | Total | CLER files. | KS: Send origina | I to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | | | | ITY SUPERINTER or your files. | NDENTS: Send origina | ıl to OPI by July 10, retain a |
| Room & Board | | | | | | RI | EIMBURSEMENT RA | ATE |
| Correspondence | | | | | | (For dis | rict, county and OPI | use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and s | school district (dist | rict name) | |
| insured driver will | ansport or provide transport the stude , the District shall p | nts. Mileage cont | the student(s) to | o and from the school | or bus stop on the | e reported on the contra | n session. The parent or guard ct actually occurs. | ian assures that a licensed and mber of days the student(s) was |
| The payment shall | be computed on the | nd of the school ye | ear or when the | student(s) is no longe | | e information accompan ool, whichever occurs fire | | |
| Elementary School | District | Chair, Boa | rd of Truste | es | | | | Date |
| High School District Gardiner H S | i | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | <u> </u> | Date | |

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

| <u> </u> | | L | -1 | - |
|----------|---|----|----|---|
| ı .n | m | ra | CT | H |

| Office of Public In PO Box 202501 Helena, MT 5962 | | | | ear 2004- 2005 ool Clerk June 1 | | | |
|---|--|---|------------------------------|--|---|--|--|
| Elementary District Responsible for F | Reimbursing the Cor | tract | | County | , | Legal Entity | |
| High School or K-12 District Respons | sible for Reimbursing | the Contract | | County | | Legal Entity | |
| Gardiner H S | | | | Park | | 1191 | |
| Is this contract shared between □ yes □ no | elementary and h | gh school? | | | | | |
| Are you applying for isolation sta (If yes, please attach explanation ISOLATION: Section 20-10-142, MO | n) | □ No | | ident Name | School | Grade | |
| rates for special circumstances of isc increased rates, individual circumstal trustees of the district, the county transplant Public Instruction. (10.7.116 ARM pro | plation of residence. nces must be review nsportation committe | In order to receive red and approved by ee, and the Office of | the Stu | ident Name | School | Grade | |
| Check here only if increased paymer District Trustees and the County Trai | nt due to isolation ha | s been approved by | Stu | ident Name | School | Grade | |
| Elem District Approval yes HS District Approval yes | Initials no no | _ | | ident Name | School | Grade | |
| County Approval ☐ yes Parent or Guardian Name: (Plea | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | |
| | ise Pilili) | | | 1st Semester Only | ☐ 2nd Semester Only | y Both Semesters | |
| Mary Heller Physical Address (street address | s only): | | Pre | e-kindergarten/Kinderg 1st Semester Only | arten □ 2nd Semester Only | y □ Both Semesters | |
| | | | | NDERGARTEN/PREK | | | |
| Distance from home to nearest s Elementary 0 HS 4.6 Distance from home to nearest b | | ne way) | Kir by To To Kir | ndergarten child rides this contract: or from Bus Stop or from School ndergarten child rides | s <u>with</u> other school-a times per day, _ times per day, _ s <u>without</u> other scho | days per week days per week days per week ol-age students: | |
| Elementary 0 HS 0 | | | To To | or from Bus Stop or from School | times per day, _ | days per week days per week | |
| □ Contract is for one-way only | | | | | p or use,, _ | | |
| Students in Each Grade Level - Only includ | le the students to be co | vered by this contract. | | eadlines: RENTS: Due to Scho | ol Clerk June 1. | | |
| Pre-K Total | K Total | 1-8 9-12 Fotal Total | I CL | | to County Supt by July | y 1, retain a copy for your | |
| Regular Trans | | | file | | DENTS: Send origina | I to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | | by for your files. | | The error system a | |
| Room & Board | | | | | IMBURSEMENT RA | | |
| Correspondence Reg. | | | | | | | |
| Contingency Spec. Ed. Contin. | | | | Reimbu | rsement rate is detern 20-10-142, MCA. | nined by | |
| | | | | | | | |
| Agreement between parent (par | ent name) | | ar | nd school district (distri | ct name) | | |
| | cit flame) | | | , | ct riame) | , , , , , , , , , , , , , , , , , , , | |
| The parties agree as follows: 1. The parent shall transport or provide | a transportation for the | | | d to as the District(s). | session. The parent or quard | ian assures that a licensed and | |
| insured driver will transport the stud 2. In March and June, the District shal | lents. Mileage contract | s are valid only when tra | ansportation for the dist | ance reported on the contract | actually occurs. | | |
| transported for the past semester. 3. The payment shall be computed on 4. This contract shall terminate at the | the basis of the schedu | lle established in Section | on 20-10-142, MCA, and | d the information accompanying | ng this contract. | | |
| Elementary School District | Chair, Board | | a no longer enrolled III s | ochool, Willohever Occurs IIISL | | Date | |
| High School District Gardiner H S | Chair, Board | of Trustees | | | | Date | |
| Caramor 17 0 | | I attest that the | above information | n is true and correct. | | | |
| Signature - Parent or Guardian | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | x 202501 a, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|--|--|--|---|--|--|--|---|
| Elementary District Resp | oonsible for Re | eimbursing the | Contract | | County | · | Legal Entity |
| High School or K-12 Dist | trict Responsib | ole for Reimbu | rsing the Con | tract | County | | Legal Entity |
| Gardiner H S | | | | | Park | | 1191 |
| Is this contract shared ☐ yes ☐ no | d between el | ementary an | d high scho | ol? | | | |
| Are you applying for i (If yes, please attach | explanation) | 1 | □ No | | Student Name | School | Grade |
| ISOLATION: Section 20 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7. | tances of isola al circumstanc e county trans | ation of resider ces must be re sportation com | nce. In order to viewed and apmittee, and the | o receive oproved by the | Student Name | School | Grade |
| Check here only if increa | sed payment | due to isolation | n has been ap | pproved by the | Student Name | School | Grade |
| Elem District Approval | □ yes □ | lni □ no | tials | | Student Name | School | Grade |
| | • | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian N | ame: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Vicki Moore | | 1 2- | | | Pre-kindergarten/Kinde | | |
| Physical Address (str | eet address | only): | | | • | | y Both Semesters |
| Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one | HS 6.2 o nearest bu HS 0 | | | | by this contract: To or from Bus Stop To or from School Kindergarten child ric | les <u>with</u> other school- times per day, times per day, les without other scho | days per week days per week days per week ool-age students: days per week days per week days per week |
| Students in Each Grade Lev | , , | the students to b | e covered by th | is contract. | Deadlines: | | |
| Г | Pre-K | K | 1-8 | 9-12 | PARENTS: Due to Sci | hool Clerk June 1. | |
| - | Total | Total | Total | Total | CLERKS: Send origination files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | NDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your files. | | |
| Room & Board Correspondence | | | | | | EIMBURSEMENT Ratirict, county and OPI | |
| Reg. | | | | | Reim | oursement rate is deterr | nined by |
| Contingency Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| | | | | | | | |
| Agreement between p | parent (parer | nt name) | | | , and school district (dis | trict name) | , |
| insured driver will trai 2. In March and June, the transported for the pa 3. The payment shall be | sport or provide t nsport the studer ne District shall p ast semester. e computed on the | nts. Mileage con pay the parent the ne basis of the so | the student(s) t tracts are valid of e sum officially a | o and from the schoo only when transportat approved in the applic ned in Section 20-10- | fter referred to as the District(s I or bus stop on the days when school is ion for the distance reported on the contr ation upon certification by the teacher or 142, MCA, and the information accompater er enrolled in school, whichever occurs fi | in session. The parent or guard act actually occurs. principal of the school of the nunying this contract. | |
| Elementary School D | istrict | Chair, Boa | ard of Truste | es | | | Date |
| High School District Gardiner H S | | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above | information is true and correct | | |
| Signature - Parent or G | uardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 ∙na, MT 59620 | 0-2501 | | | | ol Clerk June 1 | | |
|--|---|--------------------|-----------------------------------|------------------------|-------------------|---------------------------------------|------------------------------------|---|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | | County | | Legal Entity |
| Gardiner Elem | | | | | | Park | | 0614 |
| High School or K-12 D | District Responsi | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar | red between e | lementary ar | nd high scho | ol? | | | | |
| □ yes□ noAre you applying fo | r isolation stat | tus? □ Yes | □ No | | | | | - |
| (If yes, please attaction: Section | ch explanation |) | | mburaamant | Stud | lent Name | School | Grade |
| rates for special circur increased rates, indivi | mstances of isol | ation of resider | nce. In order | to receive | Stud | lent Name | School | Grade |
| trustees of the district, | the county tran | sportation com | mittee, and th | | Oluk | ioni i vaino | Corloci | Grade |
| Public Instruction. (10 | · | J | ŕ | | Stud | lent Name | School | Grade |
| | Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | | | |
| Elem District Approval | | □ no | itials | | Stud | lent Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Allen Hoppe | | | | | | kindergarten/Kinder | | , |
| Physical Address (street address only): | | | | | | | | y Both Semesters |
| | | | | | KIN | DERGARTEN/PREI | KINDERGARTEN: | |
| Distance from home | e to nearest so | chool (one wa | ay) | | | dergarten child ride his contract: | es <u>with</u> other school-a | age students also covered |
| Elementary 4.6 HS 0 | | | | | Tóc | or from Bus Stop | times per day, _ | days per week |
| Distance from home | | us stop, if an | y (one way) | | Kind | dergarten child ride | es without other scho | days per week ol-age students: |
| Elementary 0 | HS 0 | | | | To o | or from Bus Stop or from School | times per day, _ times per day, | days per week days per week |
| □ Contract is for o | , , | | | | | adlines: | | , , |
| Students in Each Grade L | | | | | PAF | RENTS: Due to Sch | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | RKS: Send origina | I to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | | IDENTS: Send origina | al to OPI by July 10, retain a |
| • | | | | | copy | / for your files. | | ATE |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | | , | ,, |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | and | l echaol dietrict (diet | rict name) | |
| | ii parciii (parc | int name) | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| (county name) The parties agree as follo | | | | , | | to as the District(s). | | lian assures that a licensed and |
| insured driver will | transport the stude | ents. Mileage cor | ntracts are valid | only when transportati | on for the dista | nce reported on the contra | ct actually occurs. | mber of days the student(s) was |
| transported for the 3. The payment shal | past semester. I be computed on t | he basis of the so | chedule establis | hed in Section 20-10-1 | 142, MCA, and | the information accompany | ving this contract. | 3. 22,2 2.2 2.333(0)30 |
| 4. This contract shall Elementary School | | | year or when the ard of Truste | | er enrolled in so | chool, whichever occurs first | st. | Date |
| Gardiner Elem High School Distric | | , | ard of Truste | | | | | Date |
| riigii School Distric | ι | Chall, B0 | aiu oi iiuste | ;cə | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | r Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | |
|---|--|--|---------------------------------|----------------------------|----------------------|--------------------------|--|----------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | ounty | | Legal Entity | | |
| Gardiner Elem | | | | | l _P | ark | | 0614 | | |
| High School or K-12 D | istrict Responsil | ole for Reimbur | sing the Cont | tract | | ounty | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Studen | t Name | School | Grade | | |
| (If yes, please attac ISOLATION: Section | h explanation) 20-10-142, MCA |) A, provides for i | increased reir | mbursement | Olddo | | G 0.1361 | 3.440 | | |
| rates for special circun increased rates, individ trustees of the district, | dual circumstand the county trans | ces must be reversion comments | viewed and apmittee, and the | oproved by the | Studen | t Name | School | Grade | | |
| Public Instruction. (10. | · | , and the second | • | | Studen | t Name | School | Grade | | |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | proved by the | | | | | | |
| Elem District Approval HS District Approval | | □ no | tials | | Studen | t Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | ONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades □ 1st \$ | Semester Only | □ 2nd Semester Onl | y Both Semesters | | |
| Colleen Athas | | | | | Pre-kin | dergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | □ 1st \$ | Semester Only | ☐ 2nd Semester Onl | y Both Semesters | | |
| | | | | | KINDE | RGARTEN/PRE | KINDERGARTEN: | age students also covered | | |
| Distance from home | e to nearest so HS 0 | chool (one wa | ıy) | | by this | contract: | | | | |
| Elementary 5.6 | | | | | To or fr To or fr | om Bus Stop om School | times per day, _ times per day, _ | days per week days per week | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or fr | om Bus Stop | es <u>without</u> other scho times per day, _ | days per week | | |
| □ Contract is for o | ne-way only | | | | To or fr | om School | times per day, _ | days per week | | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by thi | is contract. | Dead | lines: | ool Clerk June 1. | | | |
| | Pre-K | K | 1-8 | 9-12 | | | | | | |
| | Total | Total | Total | Total | CLERI files. | (S: Send origina | I to County Supt by Jul | y 1, retain a copy for your | | |
| Regular Trans | | | | | COUN | TY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | copy fo | r your files. | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (i oi dist | rict, county and Or i | use offiy) | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deterr | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | . and so | chool district (dist | rict name) | | | |
| (county name) | . " | , | | | | as the District(s). | , | | | |
| The parties agree as follow | | transportation for | | • | | ` ' | | lian assures that a licensed and | | |
| insured driver will t 2. In March and June | ransport the stude , the District shall p | nts. Mileage cont | tracts are valid of | only when transportati | on for the distance | reported on the contra | ct actually occurs. | mber of days the student(s) was | | |
| | be computed on the | | | | | information accompany | | | | |
| Elementary School | | | ear or when the rd of Truste | | er enrolled in schoo | I, whichever occurs firs | SI. | Date | | |
| Gardiner Elem High School District | <u> </u> | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | | 1 -44 | 4 4b a 4 4b c - 1 : | info magations | ···· | | | | |
| Signature - Parent or | Guardian | | ı attes | t triat the above | information is | true and correct. | Date | | | |
| orginature - i arciil Ul | -uui uiaii | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | | | | ol Clerk June 1 | | |
|---|---------------------------------|---------------------------------------|--------------------|--------------------------|--------------------|--|---|---|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | I | Legal Entity |
| Gardiner Elem | | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | red between e | lementary and | high scho | ol? | | | | |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | | | | |
| (If yes, please attact ISOLATION: Section rates for special circum | h explanation 20-10-142, MC/ |) A, provides for i | ncreased reir | mbursement to receive | | dent Name | School | Grade |
| increased rates, individual trustees of the district, Public Instruction. (10.) | the county trans | sportation comm | nittee, and th | | | dent Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Comr | | pproved by the | | dent Name | School | Grade |
| Elem District Approval HS District Approval | • | □ no | | | Stu | dent Name | School | Grade |
| County Approval | | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Connie McPher | | | | | Pre | -kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | | | ☐ 2nd Semester Only | □ Both Semesters |
| | | | | | | DERGARTEN/PRE | | |
| Distance from home Elementary 10.5 | e to nearest so HS 0 | chool (one wa | y) | | by t | his contract: | | ge students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To o | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week |
| ☐ Contract is for o | ne-way only | | | | 100 | or from School | unles per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to be | e covered by the | is contract. | | adlines: RENTS: Due to Sch | ool Clark June 1 | |
| | Pre-K | К | 1-8 | 9-12 | FAI | CENTS. Due to Scri | ooi Cierk Julie 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | CO | UNTY SUPERINTEN | IDENTS: Send original | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (For disi | rict, county and OFT | use offiy) |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | . an | d school district (dist | rict name) | |
| | , p = (p = | , , , , , , , , , , , , , , , , , , , | | | | I to as the District(s) | | ,, |
| (county name) The parties agree as follow | | | | • | | ` , | | |
| insured driver will t | transport the stude | nts. Mileage cont | racts are valid of | only when transportation | ion for the dista | ince reported on the contra | | |
| transported for the | past semester. | , , | • | | • | | · | nber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | the information accompany chool, whichever occurs first | | |
| Elementary School Gardiner Elem | District | Chair, Boa | rd of Truste | es | | | | Date |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | | l attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | 1 41165 | t that the above | omatioi | no true and correct. | Date | |
| g | | | | | | | 1 | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School Clerk June 1 | | |
|---|----------------------------|--------------------|------------------|--------------------------|--|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Gardiner Elem | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | • |
| Are you applying for | | | □ No | | Student Name | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased reir | mbursement | Student Nume | Concor | Grade |
| rates for special circun increased rates, individ trustees of the district, | dual circumstand | ces must be re- | viewed and ap | oproved by the | Student Name | School | Grade |
| Public Instruction. (10. | | | | | Student Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | oproved by the | Student Name | School | Grade |
| Elem District Approval | | □ no | tials | | Student Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | ☐ 2nd Semester Only | y Both Semesters |
| Danyalle McDoi | | | | | Pre-kindergarten/Kinde | ergarten | |
| Physical Address (s | treet address | only): | | | | 2nd Semester Only | y □ Both Semesters |
| | | | | | KINDERGARTEN/PRE | | |
| Distance from home | e to nearest so | hool (one wa | ay) | | by this contract: | | ge students also covered days per week |
| Distance from home | | ıs stop, if any | (one way) | | To or from School Kindergarten child ric | times per day, _ des without other scho | days per week ol-age students: |
| Elementary 6 | HS 0 | | | | To or from Bus Stop To or from School | times per day, _ | days per week days per week |
| □ Contract is for o | , , | | | | | рег чау, _ | uajo po: noon |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | <u>Deadlines:</u> PARENTS: Due to Sc | hool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send origin files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | | |
| Spec. Ed. Trans | | | | | copy for your files. | :NDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | REIMBURSEMENT RA | |
| Correspondence | | | | | (For dis | strict, county and OPI | use only) |
| Reg. Contingency | | | | | Reim | bursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| | | | | | | | |
| A | | -4 \ | | | | etrict access | |
| Agreement betweer | n parent (parei | nt name) | | | , and school district (dis | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (county name) The parties agree as follow | | | | • | ter referred to as the District(s | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportation | or bus stop on the days when school is on for the distance reported on the contri | ract actually occurs. | |
| transported for the | past semester. | | | | tion upon certification by the teacher or 42, MCA, and the information accompa | | nper of days the student(s) was |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | er enrolled in school, whichever occurs f | | Doto |
| Elementary School Gardiner Elem | | , | rd of Truste | | | | Date |
| High School District | | Chair, Boa | rd of Truste | es | | | Date |
| | | | I attes | t that the above i | nformation is true and correct | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | |
|---|--|--------------------|--------------------|----------------------------|-----------------------|---|--|------------------------------------|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | |
| Gardiner Elem | | | | | | Park | | 0614 | | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stude | nt Name | School | Grade | | |
| (If yes, please attack ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased rein | mbursement | 01440 | | G 0 G 0. | 5.445 | | |
| rates for special circum increased rates, individ | lual circumstand | ces must be re | viewed and ap | proved by the | Stude | nt Name | School | Grade | | |
| trustees of the district, Public Instruction. (10.7) | | | | e Office of | | | | | | |
| Check here only if incre | eased payment | due to isolatio | n has been ap | proved by the | Stude | nt Name | School | Grade | | |
| District Trustees and th | ne County Trans | | mittee. itials | | <u> </u> | | Oakaal | Overde | | |
| Elem District Approval HS District Approval | | □ no □ no | | | Stude | nt Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | □ 2nd Semester Onl | ly Both Semesters | | |
| Diane Renkin | t d.d | I- A- | | | | ndergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | ☐ 1st | Semester Only | 2nd Semester Onl | ly Both Semesters | | |
| | | | | | KIND Kinde | ERGARTEN/PRE | KINDERGARTEN: | age students also covered | | |
| Distance from home | to nearest so | chool (one wa | ay) | | by thi | s contract: | | | | |
| Elementary 5 | | | | | To or | from Bus Stop from School | times per day, _ times per day, _ | days per week days per week | | |
| Distance from home Elementary 0 | to nearest bu HS 0 | us stop, if an | y (one way) | | Kinde To or | rgarten child ride from Bus Stop | es <u>without</u> other scho times per day, _ | ool-age students: days per week | | |
| ☐ Contract is for or | ne-way only | | | | To or | from School | times per day, _ | days per week | | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | is contract. | Dead | dlines: NTS: Due to Sch | ool Clark June 1 | | | |
| | Pre-K | _K | 1-8 | 9-12 | | | | | | |
| | Total | Total | Total | Total | CLER files. | KS: Send origina | I to County Supt by Jul | ly 1, retain a copy for your | | |
| Regular Trans | | | | | COLI | ITY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | | or your files. | DENTO: Gend ongine | | | |
| Room & Board | | | | | | | EIMBURSEMENT R | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | Boimb | ursement rate is deterr | mined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Reillib | 20-10-142, MCA. | Timed by | | |
| opeo. Lu. oonun. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and : | school district (dist | rict name) | , | | |
| (county name) The parties agree as follow | | | | County, hereinaf | ter referred to | as the District(s). | | | | |
| The parent shall tra | nsport or provide | | | | | e days when school is in | | dian assures that a licensed and | | |
| In March and June, transported for the | the District shall p past semester. | pay the parent the | e sum officially a | pproved in the applica | ation upon certific | ation by the teacher or p | rincipal of the school of the nu | imber of days the student(s) was | | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | e information accompany ool, whichever occurs firs | | 1- | | |
| Elementary School I Gardiner Elem | District | Chair, Boa | ard of Truste | es | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | <u> </u> | I attes | t that the above | information is | true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School Clerk June 1 | | |
|---|----------------------------|--------------------|------------------|--------------------------|--|---|----------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Gardiner Elem | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | |
| Are you applying for | | | □ No | | Student Name | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased reir | mbursement | Stadent Name | Concor | Ciudo |
| rates for special circun increased rates, individ | dual circumstand | ces must be re- | viewed and ap | oproved by the | Student Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | е Опісе от | 0 | | |
| Check here only if incr District Trustees and the | | | | proved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | Ini □ no | tials | | Student Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS | FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Onl | y □ 2nd Semester Only | / □ Both Semesters |
| Jenny Hill | | | | | Pre-kindergarten/Kin | dergarten | |
| Physical Address (s | treet address | only): | | | | y | / □ Both Semesters |
| | | | | | | REKINDERGARTEN: | |
| Distance from home Elementary 5.6 | e to nearest so | chool (one wa | ay) | | by this contract: | · | ge students also covered |
| Distance from home | | ıs stop, if any | (one way) | | To or from School Kindergarten child | times per day, _ times per day, _ rides <u>without</u> other scho | days per week |
| Elementary 0 | HS 0 | | ` ', | | To or from School | times per day,times per day,times per day,times per day, | days per week |
| □ Contract is for o | ne-way only | | | | | unles per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | <u>Deadlines:</u> PARENTS: Due to S | School Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send orig | inal to County Supt by Jul | / 1, retain a copy for your |
| Regular Trans | | | | | | TENDENTO: Cond origina | I to ODI by July 40 matrix a |
| Spec. Ed. Trans | | | | | copy for your files. | IENDENIS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | (5 | REIMBURSEMENT RA | |
| Correspondence | | | | | (For | district, county and OPI | use only) |
| Reg. | | | | | Rei | mbursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| | | | | | | | |
| Agraement between | naront (naro | at nama) | | | , and school district (| diatriat nama) | |
| Agreement betweer | грагені (рагеі | it riame) | | | | | ,,, |
| (county name) The parties agree as follow | | | | • | ter referred to as the Distric | | |
| insured driver will t | ransport the studer | nts. Mileage con | tracts are valid | only when transportation | or bus stop on the days when schoo on for the distance reported on the co tion upon certification by the teacher | ontract actually occurs. | |
| transported for the | past semester. | | | | 42, MCA, and the information accom | | indoi oi days the student(5) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | r enrolled in school, whichever occur | | Date |
| Gardiner Elem | | , | | | | | |
| High School District | | Chair, Boa | rd of Truste | ' ' | | | Date |
| | | | I attes | t that the above i | nformation is true and corre | ect. | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | -2501 | | | School Year 2 le to School (| | | |
|--|---|---|--|--|---|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | С | ounty | - | Legal Entity |
| Gardiner Elem | | | | | F | ark | | 0614 |
| High School or K-12 D | istrict Responsit | le for Reimbur | sing the Cont | ract | | ounty | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | | | Studen | t Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be reversely common time. | ce. In order to riewed and appointed, and the | o receive oproved by the | Studen | t Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Studen | t Name | School | Grade |
| Elem District Approval HS District Approval | | Initi □ no □ no | | | Studen | t Name | School | Grade |
| County Approval | □ yes | no | | | THIS C | ONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Joe & Tina Sper | | | | | | dergarten/Kinde | | |
| Physical Address (s | ireet address | only). | | | | | | y Both Semesters |
| Distance from home Elementary 5.8 Distance from home Elementary .3 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kinder by this To or fr To or fr Kinder To or fr To or fr To or fr CLERM files. COUN | garten child rid contract: om Bus Stop om School garten child rid om Bus Stop om School lines: ITS: Due to Sch Send origina TY SUPERINTE r your files. RI (For dis | times per day,times per day, | days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) |
| insured driver will to a line with the second secon | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for this. Mileage contral ay the parent the elebasis of the school ye | the student(s) to racts are valid of sum officially a nedule establish ear or when the | only when transportation pproved in the application ned in Section 20-10-1 student(s) is no longe | ter referred to or bus stop on the on for the distance ation upon certificat 42, MCA, and the | days when school is i reported on the contra ion by the teacher or p | n session. The parent or guard actually occurs. or incipal of the school of the nu ying this contract. | dian assures that a licensed and mber of days the student(s) was |
| Elementary School Gardiner Elem | | Chair, Boar | rd of Truste | es | | | | Date |
| High School District | | Chair, Boai | rd of Truste | es | | | | Date |
| | | | I attes | t that the above | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | |
|---|---|---|---|----------------------------|---|--|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | C | County | | Legal Entity | | |
| Gardiner Elem | | | | | F | Park | | 0614 | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying fo (If yes, please attaction: Section | h explanation) |) | □ No | mhursement | Studer | nt Name | School | Grade | | |
| rates for special circur increased rates, individ trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com | nce. In order to viewed and appoint and the mittee, and the | o receive oproved by the | Studer | nt Name | School | Grade | | |
| Check here only if incr District Trustees and ti | eased payment | due to isolation | n has been ap | pproved by the | Studer | nt Name | School | Grade | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Studer | nt Name | School | Grade | | |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades □ 1st | s 1-12 Semester Only | □ 2nd Semester On | ly □ Both Semesters | | |
| Joyce Baltz | | | | | Pre-kir | ndergarten/Kinder | rgarten | | | |
| Physical Address (s | treet address | only): | | | | | | ly Both Semesters | | |
| Distance from home Elementary 13.1 Distance from home Elementary 2.3 Contract is for o | HS 0 e to nearest bu HS 0 | | | | Kinder by this To or f To or f Kinder To or f | rgarten child rides contract: rom Bus Stop rom School rgarten child riderom Bus Stop | times per day, times per day, es without other scho | days per week days per week days per week dol-age students: days per week days per week days per week | | |
| Students in Each Grade L | | the students to b | e covered by th | is contract. | Dead | llines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | | | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLERI files. | KS: Send origina | al to County Supt by Ju | ly 1, retain a copy for your | | |
| Regular Trans | | | | | | TV CUDEDINTE | NDENTS. Condering | al to ODI by July 10 ratain a | | |
| Spec. Ed. Trans | | | | | | or your files. | ADENTS. Send ongina | al to OPI by July 10, retain a | | |
| Room & Board | | | | | | | EIMBURSEMENT R | | | |
| Correspondence | | | | | | (For dis | trict, county and OP | ruse only) | | |
| Reg. Contingency | | | | | | Reimb | oursement rate is deter | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and s | chool district (dist | trict name) | ······································ | | |
| (county name) | | | | County, hereinat | fter referred to | as the District(s) | | | | |
| | ansport or provide | | | | | | | dian assures that a licensed and | | |
| In March and June | , the District shall p | | | | | reported on the contra tion by the teacher or p | | umber of days the student(s) was | | |
| | be computed on the | | | | | information accompan | | | | |
| Elementary School | | | ard of Truste | | 5. STROBER III SUIDO | on, minoriovoi occurs III: | <u> </u> | Date | | |
| Gardiner Elem High School District | : | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | l attes | t that the above | information is | true and correct. | | | | |
| Signature - Parent or | Guardian | | Talles | t that the above | omadon is | and dire correct. | Date | | | |
| | | | | | | | i | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | | | | ol Clerk June 1 | | |
|---|----------------------------|-----------------|------------------|-------------------|--------------|---|--|----------------------------------|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | | County | - | Legal Entity |
| Gardiner Elem | | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsi | ble for Reimbu | ırsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | | | | |
| (If yes, please attaction: Section | h explanation |) | | mhuraamant | Stud | dent Name | School | Grade |
| rates for special circum increased rates, individ | nstances of isola | ation of reside | nce. In order t | to receive | Stud | dent Name | School | Grade |
| trustees of the district, Public Instruction. (10. | the county tran | sportation com | nmittee, and th | | | | | |
| , | · | J | ŕ | annoused by the | Stud | lent Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Con | nmittee. | oproved by the | | | | |
| Elem District Approval | | □ no | itials | | Stud | lent Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | | S CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Kosima Clausse | | | | | Pre- | kindergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | y Both Semesters |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home | | chool (one w | ay) | | by t | his contract: | | age students also covered |
| Elementary 5 | HS 0 | | | | To o | or from Bus Stop or from School | times per day, _ times per day | days per week days per week |
| Distance from home Elementary 0 | e to nearest bi | us stop, if an | y (one way) | | Kind | dergarten child ride | es without other scho | ol-age students: |
| • | | | | | To d | or from School | times per day, _ | days per week days per week |
| ☐ Contract is for o Students in Each Grade L | , , | the students to | be covered by th | is contract. | Dea | adlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | | | I to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | files | - | | |
| Spec. Ed. Trans | | | | | | JNTY SUPERINTEN | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is deterr 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , |
| (county name) | | | | County, hereinaf | ter referred | to as the District(s) | | |
| | ansport or provide | | | | | the days when school is in | | dian assures that a licensed and |
| | , the District shall | | | | | | | mber of days the student(s) was |
| The payment shall | be computed on t | | | | | the information accompany thool, whichever occurs first | | |
| Elementary School Gardiner Elem | District | Chair, Bo | ard of Truste | ees | | | | Date |
| High School District | t | Chair, Bo | ard of Truste | ees | | | | Date |
| | | | I attes | at that the above | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | 3330 | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|---------------------------------------|---------------------------|-----------------------------|--------------------------|--|---|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Gardiner Elem | | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar | ed between e | lementary and | d high scho | ol? | | | | |
| □ yes □ no | r inclation atat | | □ No | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section rates for special circur | h explanation 20-10-142, MC/ |) A, provides for i | | | | dent Name | School | Grade |
| increased rates, individe trustees of the district, Public Instruction. (10.) | dual circumstand the county trans | ces must be revision comr | viewed and apmittee, and th | oproved by the | | dent Name | School | Grade |
| Check here only if incr District Trustees and t | | sportation Com | | pproved by the | | dent Name | School | Grade |
| Elem District Approval HS District Approval | • | □ no | | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Mary B. Kramer | | | | | Pre- | -kindergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | / □ Both Semesters |
| Distance from home Elementary 12.5 Distance from home Elementary 4 Contract is for o Students in Each Grade L | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kinner France Fr | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch | times per day,times per day,tool Clerk June 1. | days per week days per week days per week ol-age students: days per week days per week days per week 1, 1, retain a copy for your |
| Spec. Ed. Trans | | | | | cop | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | , | , , | 3, |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , |
| | | , | | | | I to as the District(s) | | |
| (county name) The parties agree as follow | | transportation for | | • | | ` , | | ion accuracy that a licensed and |
| insured driver will t | transport the stude | nts. Mileage cont | racts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | ian assures that a licensed and |
| transported for the | past semester. | • | • | | | | · | nber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | the information accompany chool, whichever occurs first | | _ |
| Elementary School Gardiner Elem | District | Chair, Boa | rd of Truste | es | | | | Date |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | <u> </u> | l attes | t that the above i | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | 1 41165 | t triat trie above i | ioiiiialioii | io aluc and correct. | Date | |
| orginature - Farent Of | Juai ulail | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | sox 202501 na, MT 59620 | -2501 | | Du | e to School Clerk | June 1 | | |
|--|--|-------------------|------------------|--------------------------|---|---------------------|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | l | Legal Entity |
| Gardiner Elem | | | | | Park | | | 0614 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | County | | | Legal Entity |
| | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Student Name | 7 | School | Grade |
| (If yes, please attack ISOLATION: Section 2 | | | increased reir | mbursement | Otadoni Name | • | Corloci | Ciudo |
| rates for special circum increased rates, individual trustees of the district, | dual circumstand | es must be re | viewed and ap | oproved by the | Student Name | ; | School | Grade |
| Public Instruction. (10. | | | | | Student Name | | School | Grade |
| Check here only if incre District Trustees and the | | portation Com | | proved by the | | , | Conoon | Grade |
| | m District Approval □ yes □ no | | | | Student Name |) | School | Grade |
| HS District Approval County Approval | | | | | THIS CONTR. | ACT IS FOR | <u>₹:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semest | ter Only | □ 2nd Semester Only | / □ Both Semesters |
| Richard Welker | | | | | Pre-kindergart | ten/Kindera | arten | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters |
| | | | | | | | NDERGARTEN: | |
| Distance from home Elementary 5.8 | e to nearest so | hool (one wa | ay) | | by this contra | act: | | ge students also covered days per week |
| Distance from home | | ıs stop, if any | (one way) | | To or from Scl Kindergarten | hool child rides | times per day, _ without other scho | days per week ol-age students: |
| Elementary 0 | HS 0 | | | | To or from Bus To or from Scl | s Stop hool | times per day, _ times per day. | days per week days per week |
| ☐ Contract is for or | , , | | | | | | | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by th | is contract. | Deadlines: PARENTS: D | | ol Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Se files. | nd original t | o County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | | | | |
| Spec. Ed. Trans | | | | | copy for your | | DENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | | MBURSEMENT RA | |
| Correspondence | | | | | | (For distri | ct, county and OPI | use only) |
| Reg. | | | | | | Reimbur | sement rate is detern | nined by |
| Contingency Spec. Ed. Contin. | | | | | | rtomina | 20-10-142, MCA. | iniod by |
| | | | | | | | | |
| | | | | | | | | |
| Agreement between | ı parent (pareı | nt name) | | | , and school di | istrict (distri | ct name) | ······································ |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | er referred to as the | District(s). | | |
| The parent shall tra insured driver will to | ansport or provide transport the stude | nts. Mileage con | tracts are valid | only when transportation | on for the distance reported | on the contract | actually occurs. | an assures that a licensed and |
| transported for the | past semester. | | | | | | | nber of days the student(s) was |
| This contract shall | terminate at the er | d of the school y | ear or when the | student(s) is no longe | 42, MCA, and the information of the control of the | | g tnis contract. | I D-4- |
| Elementary School Gardiner Elem | DISTRICT | Cnair, Boa | ard of Truste | es | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | 1 | I attes | t that the above i | nformation is true an | d correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 30x 202501 na, MT 59620 |)-2501 | | Du | e to School Clerk June 1 | | |
|---|---|--|---|--|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Gardiner Elem | | | | | Park | | 0614 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | |
| Are you applying fo | | | □ No | | Student Name | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased reir | mbursement | Stadent Name | Concor | Grade |
| rates for special circum increased rates, individ | | | | | Student Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | |
| Check here only if incr | · | J | • | proved by the | Student Name | School | Grade |
| District Trustees and the | | sportation Com | | , | | | |
| Elem District Approval HS District Approval | District Approval □ yes □ no trict Approval □ yes □ no | | | | Student Name | School | Grade |
| County Approval | □ yes | □ no | | | THIS CONTRACT IS F Grades 1-12 | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Tamara Cunnin | gham | I. A. | | | Pre-kindergarten/Kinde | | |
| Physical Address (s | treet address | oniy): | | | ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| | | | | | KINDERGARTEN/PRE | | ige students also covered |
| Distance from home Elementary 18.7 | e to nearest so HS 0 | hool (one wa | ay) | | by this contract: | | |
| • | | | | | To or from Bus Stop To or from School | times per day, _ times per day, _ | days per week days per week ol-age students: |
| Distance from home Elementary 1.8 | e to nearest bu HS 0 | is stop, if any | (one way) | | Kindergarten child ric | les without other scho | ol-age students: |
| □ Contract is for o | ne-way only | | | | To or from School | times per day, _ | days per week |
| Students in Each Grade L | , , | the students to b | e covered by th | is contract. | Deadlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: Due to Sc | hool Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS: Send original files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | | |
| Spec. Ed. Trans | | | | | county superinte copy for your files. | NDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | EIMBURSEMENT RA | ATF |
| Correspondence | | | | | | strict, county and OPI | |
| _ | | | | | | | |
| Reg. Contingency | | | | | Reim | bursement rate is detern 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, WICA. | |
| | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and school district (dis | strict name) | , |
| (county name) | | | | County, hereinaf | ter referred to as the District(s |). | |
| The parties agree as follows 1. The parent shall tra | ansport or provide | | the student(s) t | o and from the school | or bus stop on the days when school is | in session. The parent or guard | ian assures that a licensed and |
| In March and June | , the District shall p | nts. Mileage con pay the parent the | tracts are valid of sum officially a | only when transportation only when transportation in the application i | on for the distance reported on the contr tion upon certification by the teacher or | act actually occurs. principal of the school of the nu | mber of days the student(s) was |
| | be computed on the | | | | 42, MCA, and the information accompanter enrolled in school, whichever occurs fi | | |
| Elementary School | | | rd of Truste | | oo.d in dondon, willonever decuis ii | | Date |
| Gardiner Elem High School District | : | Chair, Boa | ard of Truste | es | | | Date |
| | | | 1 -44- | t that the attent | information is two and are a | | |
| Signature - Parent or | Guardian | | ı attes | t triat the above i | information is true and correct | Date | |
| J.g 1 al clit Ol | uiuii | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|---|--|---|---|---|---|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u> </u> | Legal Entity | |
| Gardiner Elem | | | | | | Park | | 0614 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes □ | Initi □ no □ no □ no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters | |
| Wendi Burke | | L- A- | | | | kindergarten/Kinder | | | |
| Physical Address (s | treet address | oniy): | | | □ 1 | st Semester Only | 2nd Semester On | ly Doth Semesters | |
| Distance from home Elementary 10.8 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kine by t To c Kine To c V To c V To c V To c C C C C C C C C C C C C C C C C C C C | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . JNTY SUPERINTEN y for your files. REAL SCHOOL R | times per day, | days per week da | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District | ransportation for tots. Mileage contribute parent the parent the set basis of the sch | he student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or guard at actually occurs. rincipal of the school of the nu | dian assures that a licensed and umber of days the student(s) was Date Date | |
| | | · | I attes | t that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

| Office of Public In PO Box 202501 Helena, MT 5962 | | | | | | | |
|--|---|---|--|---|---|--|--|
| Elementary District Responsible for Reimbursing the Contract | | | | County | <u>'</u> | Legal Entity | |
| Gardiner Elem | | | | Park | | 0614 | |
| High School or K-12 District Respons | sible for Reimbursin | g the Contract | | County | | Legal Entity | |
| Gardiner H S | | | | Park | | 1191 | |
| Is this contract shared between € □ yes □ no | elementary and h | igh school? | | | | | |
| Are you applying for isolation sta | | □ No | Stu | udent Name | School | Grade | |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | eased reimbursem | | dent ivanie | CCHOOL | Grade | |
| rates for special circumstances of iso increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro | lation of residence. nces must be review nsportation committe | In order to received and approved ee, and the Office | by the St | udent Name | School | Grade | |
| Check here only if increased paymen District Trustees and the County Trar | nt due to isolation ha | s been approved b | Str | udent Name | School | Grade | |
| Elem District Approval ☐ yes | Initials | | Stu | udent Name | School | Grade | |
| HS District Approval □ yes County Approval □ yes | □ no | | ТН | IIS CONTRACT IS FOR | ₹: | | |
| Parent or Guardian Name: (Plea | | | Gr | ades 1-12 | _ | | |
| Cindy Hartman | | | | • | 2nd Semester Only | / □ Both Semesters | |
| Physical Address (street address | s only): | | | Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | |
| | | | | • | · | | |
| Distance from home to nearest selementary 0 HS 0 Distance from home to nearest selementary 0 HS 0 Contract is for one-way only students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | ous stop, if any (o | | E. De CL file | this contract: or from Bus Stop or from School indergarten child rides or from Bus Stop or from School cadlines: RENTS: Due to School ERKS: Send original to send to | times per day, times per day, times per day, swithout other schooling times per day, to Clerk June 1. | days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only) | |
| | | | | | | | |
| Agreement between parent (parent name), and school district (district name), | | | | | | | |
| (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stud 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on 4. This contract shall terminate at the | lents. Mileage contract I pay the parent the sur the basis of the sched | student(s) to and fron s are valid only when n officially approved in ule established in Sec | n the school or bus stop of transportation for the dis n the application upon ce stion 20-10-142, MCA, an | tance reported on the contract rtification by the teacher or prir d the information accompanyin | actually occurs. ncipal of the school of the nur | | |
| Elementary School District Gardiner Elem | Chair, Board | | <u> </u> | | | Date | |
| High School District Gardiner H S | Chair, Board | of Trustees | | Date | | | |
| I attest that the above information is true and correct. | | | | | | | |
| Signature - Parent or Guardian Date | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | ox 202501 a, MT 59620 | | | 1 | | | | | | |
|---|---|-------------------------------|--------------|---------------|---|---|-----------------------------------|--|--|--|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | County | - | Legal Entity | | | |
| Gardiner Elem | Sardiner Elem | | | | Park | | 0614 | | | |
| High School or K-12 Dis | School or K-12 District Responsible for Reimbursing the Contract | | | | | | Legal Entity | | | |
| Gardiner H S | | | | | Park | | 1191 | | | |
| Is this contract share ☐ yes ☐ no | d between el | ementary and | d high scho | ol? | | | | | | |
| Are you applying for (If yes, please attach | explanation) | | □ No | | Student Name | School | Grade | | | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of | | | | | Student Name | School | Grade | | | |
| Check here only if incre | Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | School | Grade | | | |
| Elem District Approval | - | | ials | | Student Name | School | Grade | | | |
| HS District Approval County Approval | □ yes □ | □ no □ no | | | THIS CONTRACT I | S FOR: | | | | |
| Parent or Guardian N | | | | | Grades 1-12 □ 1st Semester On | <u></u> | y □ Both Semesters | | | |
| Cindy Hartman | | | | | | • | | | | |
| Physical Address (st | reet address | only): | | | Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| | | | | | KINDERGARTEN/F | PREKINDERGARTEN: | | | | |
| Distance from home to nearest school (one way) Elementary 0 HS 54.4 | | | | | Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: | | | | | |
| Distance from home to nearest bus stop, if any (one way) Kinde Elementary 0 HS 0 To or | | | | | Kindergarten child To or from Bus Stop | rides <u>without</u> other school times per day, times per day, | ol-age students: days per week | | | |
| □ Contract is for on | e-way only | | | | 10 or from School | times per day, _ | days per week | | | |
| Students in Each Grade Level - Only include the students to be covered by this contract. | | | | | Deadlines: | School Clerk June 1. | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | ginal to County Supt by Jul | v 1 retain a convitor vous | | | |
| Regular Trans | Total | Total | Total | Total | files. | girial to County Supt by Jul | y 1, retain a copy for your | | | |
| Spec. Ed. Trans | | | | | COUNTY SUPERING COPY for your files. | ITENDENTS: Send origina | al to OPI by July 10, retain a | | | |
| Room & Board | | | | | copy for your moor | REIMBURSEMENT RA | ATE | | | |
| Correspondence | | | | | (For | district, county and OPI | use only) | | | |
| Reg. Contingency | | | | | Re | eimbursement rate is deterr | nined by | | | |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | | | | |
| | | | | | | | | | | |
| Agreement between parent (parent name), and school district (district name), | | | | | | | | | | |
| (county name) County, hereinafter referred to as the District(s). | | | | | | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and increased the students. Milegan contracts are valid apply when transportation for the distance reported on the contract actually occurs. | | | | | | | | | | |
| insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. | | | | | | | | | | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. | | | | | | | | | | |
| Elementary School D Gardiner Elem | District | Chair, Board of Trustees Date | | | | | | | | |
| High School District Gardiner H S | | Chair, Board of Trustees Date | | | | | Date | | | |
| I attest that the above information is true and correct. | | | | | | | | | | |
| Signature - Parent or Guardian Date | | | | | | | | | | |

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box 202501 Helena, MT 59620 | School Year 2004- 2005 | | | | | | |
|---|---|---|--|--|--|--|--|
| Elementary District Responsible for Re | imbursing the Cor | ntract | County | | Legal Entity | | |
| Gardiner Elem | | | Park | | 0614 | | |
| High School or K-12 District Responsib | le for Reimbursing | g the Contract | County | | Legal Entity | | |
| Gardiner H S | | | Park | | 1191 | | |
| Is this contract shared between ele ☐ yes ☐ no | ementary and hi | gh school? | | | | | |
| Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | | □ No | Student Name | School | Grade | | |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | tion of residence. es must be review portation committe | In order to receive yed and approved by the ee, and the Office of | Student Name | School | Grade | | |
| Check here only if increased payment of District Trustees and the County Trans | due to isolation ha | s been approved by the | Student Name | School | Grade | | |
| | Initials no no | | Student Name | School | Grade | | |
| County Approval yes | no | | THIS CONTRACT IS FO | <u>DR:</u> | | | |
| Parent or Guardian Name: (Please | e Print) | | ☐ 1st Semester Only | ☐ 2nd Semester Only | □ Both Semesters | | |
| Marge Replogle Physical Address (street address) | only): | | Pre-kindergarten/Kinder | | - 5 4 6 | | |
| Triysical Address (Street address (| orny). | | □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | |
| Distance from home to nearest scillementary 0 HS 13 Distance from home to nearest but Elementary 0 HS 6 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | s stop, if any (or the students to be co | | by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist | times per day, tool Clerk June 1. | days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only) | | |
| insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th | ransportation for the sts. Mileage contract ay the parent the sun e basis of the schedu | student(s) to and from the school or s are valid only when transportation n officially approved in the applicatio ale established in Section 20-10-142 | , and school district (district referred to as the District(s). bus stop on the days when school is in for the distance reported on the contrain upon certification by the teacher or p. MCA, and the information accompany | session. The parent or guardia tactually occurs. rincipal of the school of the num | | | |
| Elementary School District Gardiner Elem | Chair, Board | | | | Date | | |
| High School District Gardiner H S | Chair, Board | of Trustees | | Date | | | |
| I attest that the above information is true and correct. | | | | | | | |
| Signature - Parent or Guardian | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| Elementary District Responsible for Reinhoursing the Contract Pine Creek Elem Park 0620 | | 3ox 202501 na, MT 59620 |)-2501 | | | ue to School | 2004- 2005 Clerk June 1 | | |
|--|--|---|---|---|--------------------------|-------------------------|-------------------------------------|--|----------------------------------|
| Is this contract shared between elementary and high school? yes | Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity |
| Is this contract shared between elementary and high school? yes | Pine Creek Fler | n | | | | | Park | | 0620 |
| Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Co | | | ole for Reimbur | sing the Con | tract | | | | |
| Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Co | | | | | | | | | |
| Student Name School Grade Student Name School G | | ed between el | ementary and | d high scho | ol? | | | | |
| Student Name School Grade Free only if increased payment due to soldsion has been approved by the public instruction. (10.7.16 ARM) provides guidelines for such.) Check here only if increased payment due to soldsion has been approved by the public instruction. (10.7.16 ARM) provides guidelines for such.) Check here only if increased payment due to soldsion has been approved by the public instruction. (10.7.16 ARM) provides guidelines for such.) Elem District Turbess and the County Transportation Committee. Elem District Approval | (If yes, please attac | h explanation) |) | | mbursoment | Studer | nt Name | School | Grade |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee Student Name | rates for special circun increased rates, individual trustees of the district, | nstances of isola dual circumstand the county trans | ation of residen ces must be rev sportation com | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Studer | nt Name | School | Grade |
| Student Name | Check here only if incr | eased payment | due to isolatior | n has been ap | proved by the | Studer | nt Name | School | Grade |
| Parent or Guardian Name: (Please Print) Pre-kindergarten Child Index with Contract 1st Semester Only Parent | Elem District Approval | □ yes | Init □ no | | | Stude | nt Name | School | Grade |
| Parent or Guardian Name: (Please Print) Jerry D. Cole | | | | | | THIS | CONTRACT IS FO | OR: | |
| Jerry D. Cole | | | | | | Grade | s 1-12 | | lv □ Roth Semesters |
| Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters | Jerry D. Cole | | | | | | • | | |
| Distance from home to nearest school (one way) Elementary 4.8 | | treet address | only): | | | | | | ly Both Semesters |
| Distance from home to nearest school (one way) Elementary 4.8 | | | | | | KINDE | ERGARTEN/PRE | KINDERGARTEN: | |
| Distance from nome to neafest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Regular Trans Spec. Ed. Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Reginary Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name County name County name County name County name In paries agree as follows: In the paries agree as follows: In March and June, the District shall pay the parent the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are vaid only when transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are vaid only when transportation for the student out power of the school excitation upon certification by the teacher or principal of the school drove will transport do the contract actually occurs. In March and June, the District shall pay the parent the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees I attest that the above information is true and correct. | | | chool (one wa | ıy) | | Kinde by this | rgarten child rides contract: | es <u>with</u> other school- | _ |
| Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total | | | ıs stop, if any | (one way) | | Kinde To or f | rgarten child ride from Bus Stop | es <u>without</u> other scho times per day, _ | ool-age students: days per week |
| PRENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. Reg. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parent shall brancaport the students (a) be and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and 1. In March and June, the District shall pay the parent the sum officially approved in the supplication upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct. | □ Contract is for o | ne-way only | | | | lo or i | from School | times per day, _ | days per week |
| Regular Trans Spec. Ed. Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (s). The parties agree as follows: 1. The parent sall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent sall transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent sall transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent sall transport or provide transportation for the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent sall transport or provide transportation for the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The payment shall be computed on the basis of the school or frustees The payment shall be computed on the basis of the school or frustees Date I attest that the above information is true and correct. | Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | Deac | llines: | I Ol I 4 | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County, hereinafter referred to as the District (s). The parent sall transport for provide transportation for the students, Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the students (s) was transported for the past semester. The parent shall transport me students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The parent shall transport me students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The parent shall transport or provide transportation of Trustees Date I attest that the above information is true and correct. | | Pre-K | K | 1-8 | 9-12 | PARE | NIS: Due to Sch | ooi Cierk June 1. | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | | Total | Total | Total | Total | | KS : Send origina | I to County Supt by Jul | ly 1, retain a copy for your |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name), and school district (district name), (county name) | Regular Trans | | | | | | ITV CHDEDINITEN | IDENTS: Sand origina | al to OPI by July 10, ratain a |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties agree as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date | Spec. Ed. Trans | | | | | | | DENTS. Send ongine | anto OFT by July 10, retail a |
| Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parents shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon destination by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District | Room & Board | | | | | | | | |
| Agreement between parent (parent name) | Correspondence | | | | | | (For alsi | nct, county and OPI | use only) |
| Agreement between parent (parent name) | - | | | | | | Reimb | ursement rate is deterr | mined by |
| County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Pine Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct. | 0 , | | | | | | | | |
| County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | | | | | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | Agreement betweer | n parent (pare | nt name) | | | , and s | school district (dist | rict name) | .,, |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | (county name) | | | | County horoina | fter referred to | as the District(s) | | |
| insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Pine Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct. | The parties agree as follow | | | | , | | () | | dian that a liana ad and |
| transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Pine Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | insured driver will t | ransport the stude | nts. Mileage cont | tracts are valid | only when transportati | ion for the distance | e reported on the contra | ct actually occurs. | |
| 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Pine Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | transported for the | past semester. | | • | | • | | · | imber of days the student(s) was |
| Pine Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | | | |
| High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | | District | Chair, Boa | rd of Truste | es | | | | Date |
| | | : | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I | l attes | t that the above | information is | true and correct. | | |
| | Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|---|--|---|--|--|--|---|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | _ | Legal Entity |
| Pine Creek Eler | n | | | | | Park | | 0620 |
| High School or K-12 D | | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | l high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revision comments. | e. In order to iewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | OR: | |
| Parent or Guardian | · | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Jim & Brenda F Physical Address (s | | only): | | | | kindergarten/Kinder | | |
| 1 Hysical Address (s | illeet address | Offig). | | | | • | | ly Doth Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K | the students to be | (one way) | 9-12 | Kinder by the control of the control | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School | times per day, times per day, times per day, s without other sche times per day, times per day, times per day, | days per week days per week |
| Dogular Trans | Total | Total | Total | Total | files | - | to County Supt by Ju | lly 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origin | al to OPI by July 10, retain a |
| Room & Board | | | | | COP | | IMBURSEMENT R | ATF |
| Correspondence | | | | | | | rict, county and OP | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for to tts. Mileage contriliary the parent the the basis of the sch | he student(s) to acts are valid of sum officially a edule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | dian assures that a licensed and umber of days the student(s) was |
| Elementary School Pine Creek Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Boar | d of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | ue to School | 2004- 2005 Clerk June 1 | | |
|--|---|---|---|--------------------------|-------------------------|--|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity |
| Springdale Elen | n | | | | | Park | | 0635 |
| High School or K-12 D | istrict Responsil | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for (If yes, please attact ISOLATION: Section | h explanation) |) | □ No | mburaamant | Studer | nt Name | School | Grade |
| rates for special circun increased rates, individual trustees of the district, | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and applittee, and the | o receive oproved by the | Studer | nt Name | School | Grade |
| Public Instruction. (10. Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Studer | nt Name | School | Grade |
| Elem District Approval | □ yes | Ini □ no | tials | | Studer | nt Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | THIS | CONTRACT IS FO | OR: | |
| Parent or Guardian | | | | | Grade | | | ly Both Semesters |
| Reyna Hinojosa | 1 | | | | | ndergarten/Kinder | | , = =================================== |
| Physical Address (s | treet address | only): | | | | | | ly Both Semesters |
| | | | | | KINDE | RGARTEN/PRE | KINDERGARTEN: | |
| Distance from home Elementary 11 | e to nearest so HS 0 | chool (one wa | ay) | | by this | s contract: | | age students also covered days per week days per week |
| Distance from home Elementary 11 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | Kinde To or f | rgarten child ride rom Bus Stop | es <u>without</u> other scho times per day, _ | ool-age students: days per week |
| □ Contract is for o | ne-way only | | | | 10 01 1 | rom School | times per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | Dead | llines: | ool Clerk June 1. | |
| | Pre-K | K | 1-8 | 9-12 | PARE | NIS: Due to Sch | looi Clerk June 1. | |
| | Total | Total | Total | Total | CLER files. | KS : Send origina | I to County Supt by Jul | ly 1, retain a copy for your |
| Regular Trans | | | | | | TV SUPERINTER | NDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | or your files. | TDEITIG: Gend engine | |
| Room & Board | | | | | | | EIMBURSEMENT R | |
| Correspondence | | | | | | (For dis | trict, county and OPI | use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deterr | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and s | chool district (dist | rict name) | , |
| (county name) | | | | County horoina | ftor referred to | as the District(s) | | |
| The parties agree as follow | | | | • | | , | | altern annual Abert a thannan dean d |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | ion for the distance | reported on the contra | ct actually occurs. | dian assures that a licensed and |
| transported for the | past semester. | | • | | • | · | • | imber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | information accompant ol, whichever occurs fire | | |
| Elementary School Springdale Elem | District | Chair, Boa | ard of Truste | es | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | I | l attes | t that the above | information is | true and correct. | | l |
| Signature - Parent or | Guardian | | | | | | Date | |
| | | | | | | | Í. | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | 3ox 202501 na, MT 5962 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|--|---|--|---|--|--|--|--|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | County | l l | Legal Entity |
| Arrowhead Eler | m | | | | Park | | 1215 |
| High School or K-12 D | | ible for Reimbu | ursing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circur increased rates, indivituratees of the district, | nstances of isol dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and ap nmittee, and th | to receive pproved by the | Student Name | School | Grade |
| Public Instruction. (10. Check here only if incr District Trustees and t | reased payment | due to isolation | n has been ap | oproved by the | Student Name | School | Grade |
| Elem District Approval | • | | itials | | Student Name | School | Grade |
| HS District Approval County Approval | | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Becky Hall | | | | | Pre-kindergarten/Kinde | | • |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | | ly Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 7 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest b HS 0 nne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day, | days per week da |
| insured driver will 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude , the District shall past semester. I be computed on the | transportation fo ents. Mileage cor pay the parent the | r the student(s) t ntracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the application Section 20-10-1 | , and school district (dister referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part of the contration accompanies are removed in school, whichever occurs fire | n session. The parent or guard actually occurs. or incipal of the school of the nutying this contract. | |
| Elementary School Arrowhead Elem | District | Chair, Bo | ard of Truste | ees | | | Date |
| High School District | t | Chair, Bo | ard of Truste | ees | | | Date |
| | | | I attes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|---|----------------------|------------------|--|--|---|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Arrowhead Eler | m | | | | | Park | | 1215 |
| High School or K-12 D | | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar | red between e | lementary an | d high scho | ol? | | | | · |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | | | | |
| (If yes, please attact ISOLATION: Section rates for special circuit | ch explanation 20-10-142, MC |) A, provides for | increased rei | mbursement to receive | | dent Name | School | Grade |
| increased rates, indivitrustees of the district Public Instruction. (10 | , the county tran | sportation com | mittee, and th | | | dent Name | School | Grade |
| Check here only if inconstrict Trustees and t | | sportation Com | | pproved by the | | dent Name | School | Grade |
| Elem District Approva HS District Approval | • | □ no | | | Stud | dent Name | School | Grade |
| County Approval | | no | | | | S CONTRACT IS FO | <u>DR:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | y □ Both Semesters |
| Casey VanUde | | | | | Pre | -kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | | | | y □ Both Semesters |
| Distance from home Elementary 8 Distance from home Elementary 0 Contract is for contract in contract in contract is for contract in contract in contract in contract is contract. | HS 0 e to nearest bi HS 0 | • | | | Kin by t To c To c Kin To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day,times per day,times per day,times per day,times per day,times per day,times per day, | days per week days per week days per week ol-age students: days per week days per week days per week |
| Students in Each Grade L | | the students to b | e covered by th | is contract. | | adlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | Tio or ray only ro, rotain a |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (i oi disi | rict, county and of T | use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | <u> </u> | | | <u>. </u> | | | | |
| Agreement betwee | n parent (pare | nt name) | | | , an | d school district (dist | rict name) | , |
| | . " | , | | | | | | |
| (county name) The parties agree as follo | | | | • | | I to as the District(s) | | |
| insured driver will | transport the stude | nts. Mileage con | tracts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | ian assures that a licensed and |
| transported for the | e past semester. | | • | | | | • | mber of days the student(s) was |
| The payment shall | I be computed on t | | | | | the information accompany | | |
| Elementary School | | | ard of Truste | | | | | Date |
| Arrowhead Elem High School Distric | t | Chair, Boa | ard of Truste | es | | | | Date |
| | | | | | | | | |
| | | | I attes | t that the above | information | is true and correct. | T _ | |
| Signature - Parent of | r Guardian | | <u> </u> | | | | Date | |

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

| \sim | | | | |
|--------|----|----|----------|---|
| Co | nt | ra | \sim t | 7 |
| - | HL | ıa | Uι | Ŧ |

| Office of Public Ins PO Box 202501 Helena, MT 59620 | | | School Year 2004- 2005 Due to School Clerk June 1 | | |
|--|--|--------------------------------|---|---|--------------------------------|
| Elementary District Responsible for Re | eimbursing the Con | tract | County | | Legal Entity |
| Arrowhead Elem | | | Park | | 1215 |
| High School or K-12 District Responsi | ble for Reimbursing | the Contract | County | - | Legal Entity |
| | | | | | |
| Is this contract shared between e □ yes □ no | lementary and hi | gh school? | | | |
| Are you applying for isolation stat (If yes, please attach explanation) | | No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, MC/ | A, provides for incre | | | | |
| rates for special circumstances of isola increased rates, individual circumstance | | | Student Name | School | Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | | | | | |
| Check here only if increased payment | , and the second | , | Student Name | School | Grade |
| District Trustees and the County Trans | sportation Committe | | | | |
| Elem District Approval ☐ yes | Initials □ no | | Student Name | School | Grade |
| | □ no □ no | | THIS CONTRACT IS FOR: | | |
| Parent or Guardian Name: (Pleas | | | Grades 1-12 | 2nd Semester Only | □ Both Semesters |
| Casey VanUden | | | ist Semester Only | Zilu Semester Only | Doin Semesiers |
| Physical Address (street address | only): | | — Pre-kindergarten/Kindergar □ 1st Semester Only | | □ Roth Semesters |
| , | 3, | | , | · | Dour Semesters |
| | | | KINDERGARTEN/PREKIN Kindergarten child rides v | DERGARTEN: | e students also covered |
| Distance from home to nearest so | chool (one way) | | by this contract: | | |
| Elementary 13 HS 0 | | | To or from Bus Stop To or from School | times per day, times per day | days per week days per week |
| Distance from home to nearest but Elementary 3 HS 0 | us stop, if any (or | ne way) | Kindergarten child rides v | vithout other school | -age students: |
| Liementary 3 113 0 | | | To or from Bus Stop To or from School | times per day, times per day. | days per week days per week |
| ☐ Contract is for one-way only | | | | | |
| Students in Each Grade Level - Only include | the students to be cov | vered by this contract. | Deadlines: PARENTS: Due to School | Clerk June 1 | |
| Pre-K | | 1-8 9-12 | | | |
| Total | Total T | otal Total | CLERKS: Send original to files. | County Supt by July | 1, retain a copy for your |
| Regular Trans | | | OCUMEN OUR FRANCE | NTO Considerational A | to ODI have balle 40 modelings |
| Spec. Ed. Trans | | | COUNTY SUPERINTENDE copy for your files. | :NIS: Send original t | to OPI by July 10, retain a |
| Room & Board | | | | BURSEMENT RAT | · - |
| Correspondence | | | (For district | t, county and OPI u | se only) |
| Reg. | | | D. in | | |
| Contingency | | | | ement rate is determir 20-10-142, MCA. | ned by |
| Spec. Ed. Contin. | | | | · | |
| | | | | | |
| Agreement between parent (pare | nt name) | | , and school district (district | name) | , |
| (county name) | | County horoi | nafter referred to as the District(s). | | |
| (county name) The parties agree as follows: | | | · , | | |
| insured driver will transport the stude | nts. Mileage contracts | are valid only when transpo | hool or bus stop on the days when school is in ses ortation for the distance reported on the contract ac | tually occurs. | |
| transported for the past semester. | | | plication upon certification by the teacher or princi | • | ei oi days trie student(s) was |
| This contract shall terminate at the er | nd of the school year o | r when the student(s) is no le | 10-142, MCA, and the information accompanying onger enrolled in school, whichever occurs first. | THIS CONTRACT. | |
| Elementary School District Arrowhead Elem | Chair, Board o | t Trustees | | | Date |
| High School District | Chair, Board o | f Trustees | | | Date |
| | <u> </u> | Lattest that the abo | ve information is true and correct. | | |
| Signature - Parent or Guardian | | | | ate | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 5962 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|--|---|---|---|--|--|--|--|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Eler | n | | | | Park | | 1215 |
| High School or K-12 D | | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individuates of the district, | nstances of isol dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and application. | o receive oproved by the | Student Name | School | Grade |
| Public Instruction. (10. Check here only if incr District Trustees and ti | eased payment | due to isolatio | n has been ap | pproved by the | Student Name | School | Grade |
| Elem District Approval | - | | itials | | Student Name | School | Grade |
| HS District Approval County Approval | □ yes | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | ☐ 2nd Semester On | ly □ Both Semesters |
| Deborah Tarpe | y Marks | | | | Pre-kindergarten/Kinde | | • |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only | | ly Both Semesters |
| Distance from home Elementary 6 Distance from home Elementary 1 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest b HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day, | days per week da |
| insured driver will for any sured driver will for the transported for the sured for the sured for the formal for the payment shall for the formal for the fo | ws: ansport or provide transport the stude , the District shall past semester. be computed on the | transportation for ents. Mileage cor pay the parent the | r the student(s) t htracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the applicated in Section 20-10-1 | , and school district (dister referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part of the contration accompanies are removed in school, whichever occurs fire | n session. The parent or guar act actually occurs. principal of the school of the nu nying this contract. | |
| Elementary School Arrowhead Elem | District | Chair, Boa | ard of Truste | es | | | Date |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date |
| | | <u> </u> | l attes | t that the above i | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 5962 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|--|--|--|---|--|---|--|--|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | County | I | Legal Entity |
| Arrowhead Eler | n | | | | Park | | 1215 |
| High School or K-12 D | | ible for Reimbu | irsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isol dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and apainmittee, and the | to receive pproved by the | Student Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Jean E. Watsor | | | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | | ly Doth Semesters |
| Distance from home Elementary 9 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest b HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day, | days per week da |
| insured driver will for any sured driver will for the transported for the sured for the sured for the formal for the payment shall for the formal for the fo | ws: ansport or provide transport the stude , the District shall past semester. l be computed on the | transportation fo ents. Mileage cor pay the parent the | r the student(s) t htracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the application Section 20-10-1 | , and school district (distrer referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accomparer enrolled in school, whichever occurs file | in session. The parent or guar act actually occurs. principal of the school of the nu | |
| Elementary School Arrowhead Elem | | | ard of Truste | | | | Date |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above | information is true and correct. | | • |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | School Year : le to School | 2004- 2005 Clerk June 1 | | |
|--|--|--|--|--|--|---|--|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | C | County | • | Legal Entity |
| Arrowhead Elem | า | | | | F | Park | | 1215 |
| High School or K-12 Di | strict Responsit | le for Reimbur | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary and | d high schoo | ol? | | | | |
| Are you applying for (If yes, please attach | n explanation) | | | | Studer | nt Name | School | Grade |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7) | estances of isola lual circumstand the county trans | tion of residences must be revenued. | ce. In order to riewed and ap nittee, and the | o receive oproved by the | Studer | nt Name | School | Grade |
| Check here only if incre District Trustees and th | | portation Comr | mittee. | proved by the | Studer | nt Name | School | Grade |
| Elem District Approval HS District Approval | | Init □ no □ no | | | Studer | nt Name | School | Grade |
| County Approval | □ yes | no | | | THIS (Grade: | CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | ☐ 2nd Semester Onl | y Both Semesters |
| Jean E. Watson | | | | | | ndergarten/Kinde | | |
| Physical Address (st | treet address | only): | | | | - | | y Both Semesters |
| Distance from home Elementary 12.5 Distance from home Elementary 5.5 Contract is for or Students in Each Grade Leader Trans Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 | s stop, if any | (one way) | s contract. 9-12 Total | Kinder by this To or f To or f Kinder To or f To or f To ar f Count CLERI files. | rgarten child rids contract: rom Bus Stop rom School rgarten child rid rom Bus Stop rom School llines: NTS: Due to Sch KS: Send origina TY SUPERINTE or your files. R (For dis | times per day,times per day,times per day,times per day,times per day,times per day, | days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall | vs: Insport or provide to an apport the studer the District shall past semester. The computed on the terminate at the er | ransportation for its. Mileage conti ay the parent the ite basis of the sch d of the school ye | the student(s) to racts are valid of sum officially a nedule establish ear or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred to or bus stop on the on for the distance ation upon certifica 42, MCA, and the | reported on the contra | n session. The parent or guard actually occurs. or incipal of the school of the nutying this contract. | dian assures that a licensed and mber of days the student(s) was |
| Elementary School I Arrowhead Elem | District | Chair, Boa | rd of Truste | es | | | | Date |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO B | ox 202501 na, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|--|--|--|--|---|--|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Elen | | ala far Baimhu | raing the Cont | tract | Park County | | 1215 Legal Entity |
| High School of K-12 D | istrict Responsi | ole for Reimbu | rsing the Com | liaci | County | | Legal Entity |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | d high scho | ol? | · | | |
| Are you applying for (If yes, please attack | h explanation) |) | □ No | | Student Name | School | Grade |
| rates for special circum increased rates, individual trustees of the district, | nstances of isola lual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee. | o receive oproved by the | Student Name | School | Grade |
| Public Instruction. (10.) Check here only if incredible increased the control of | eased payment | due to isolatio | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | lni □ no | tials | | Student Name | School | Grade |
| County Approval | □ yes | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Jessie Malcolm Physical Address (s | treet address | only): | | | Pre-kindergarten/Kinde □ 1st Semester Only | rgarten 2nd Semester Onl | y Both Semesters |
| | | | | | KINDERGARTEN/PRE | | |
| Distance from home Elementary 12 | to nearest so | chool (one wa | ay) | | by this contract: | | age students also covered days per week |
| Distance from home Elementary 0 | to nearest bu | us stop, if an | y (one way) | | To or from School Kindergarten child rid | times per day, __ les <u>without</u> other scho | days per week ol-age students: |
| □ Contract is for o | | | | | To or from School | times per day, _ times per day, _ | days per week days per week |
| Students in Each Grade Le | evel - Only include | the students to b | be covered by th | is contract. | Deadlines: | | |
| | Pre-K | K | 1-8 | 9-12 | PARENTS: Due to Sci | nool Clerk June 1. | |
| Regular Trans | Total | Total | Total | Total | CLERKS: Send original files. | al to County Supt by Jul | y 1, retain a copy for your |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTE copy for your files. | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | | EIMBURSEMENT R | |
| Correspondence | | | | | (For dis | strict, county and OPI | use only) |
| Reg. Contingency | | | | | Reiml | oursement rate is determ 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | |
| Agreement between | parent (pare | nt name) | | | , and school district (dis | trict name) | , |
| (county name) | | | | County hereina | fter referred to as the District(s |) | |
| The parties agree as follow | | transportation for | | • | I or bus stop on the days when school is | • | dian assures that a licensed and |
| insured driver will to 2. In March and June, transported for the | ransport the stude the District shall p past semester. | nts. Mileage cor pay the parent the | tracts are valid of sum officially a | only when transportat approved in the applic | ion for the distance reported on the contration upon certification by the teacher or | act actually occurs. principal of the school of the nu | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | 142, MCA, and the information accompar er enrolled in school, whichever occurs fi | | 1 = . |
| Elementary School Arrowhead Elem | District | Chair, Boa | ard of Truste | es | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above | information is true and correct. | | · |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|--|------------------------------------|-----------------------------|--------------------------|--|---|--|---|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | l | Legal Entity |
| Arrowhead Eler | m | | | | | Park | | 1215 |
| High School or K-12 D | | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share | red between e | lementary an | d high scho | ol? | | | | |
| □ yes □ no | r inclation atat | | □ No | | | | | |
| Are you applying for (If yes, please attact ISOLATION: Section rates for special circuit | ch explanation 20-10-142, MC/ |) A, provides for | □ No | mbursement | | dent Name | School | Grade |
| increased rates, indivitrustees of the district Public Instruction. (10 | dual circumstand the county trans | ces must be rev sportation comi | viewed and apmittee, and th | pproved by the | | dent Name | School | Grade |
| Check here only if inconstrict Trustees and t | | sportation Com | | pproved by the | | dent Name | School | Grade |
| Elem District Approva HS District Approval | • | □ no | | | Stud | dent Name | School | Grade |
| County Approval | ges | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Katrina Oppelt | | | | | Pre | -kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| Distance from home Elementary 9 Distance from home Elementary 0 Contract is for constitution of the Elementary I contract is for contract in Each Grade L | HS 0 e to nearest by HS 0 one-way only evel - Only include | us stop, if any the students to b | e covered by th | 9-12 | Kin by t To c Kin To c To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch | times per day,times per day,times per day,times per day,times per day,times per day,times per day,tool Clerk June 1. | days per week days per week days per week |
| | Total | Total | Total | Total | files | | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send original | I to OPI by July 10, retain a |
| Room & Board | | | | | | | EIMBURSEMENT RA | ATE |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimb | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betwee | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | |
| | | / | | | | | | , |
| (county name) The parties agree as follo | | | | • | | I to as the District(s) | | |
| insured driver will | transport the stude | nts. Mileage conf | racts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | an assures that a licensed and |
| transported for the | past semester. | | • | | | | · | nber of days the student(s) was |
| | | | | | | the information accompany | | |
| Elementary School | | | rd of Truste | | | | | Date |
| Arrowhead Elem High School Distric | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | | | | | | | |
| | | | I attes | t that the above | information | is true and correct. | T _ | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|----------------------------------|------------------------|-----------------|------------------------------------|--------------------|--|---|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Arrowhead Eler | n | | | | | Park | | 1215 |
| High School or K-12 D | | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar | red between e | lementary and | d high scho | ol? | | <u> </u> | | |
| Are you applying fo | r icolation etat | ue2 □ Voe | □ No | | | | | |
| (If yes, please attaction rates for special circur | ch explanation 20-10-142, MC/ |) A, provides for i | increased rein | mbursement | | dent Name | School | Grade |
| increased rates, indivi- trustees of the district, Public Instruction. (10. | the county trans | sportation comr | mittee, and th | | | dent Name | School | Grade |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials | | | | | dent Name | School | Grade | |
| Elem District Approval HS District Approval | • | □ no | | | Stud | dent Name | School | Grade |
| County Approval | | no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Kay Spallone | | | | | Pre- | -kindergarten/Kinder | garten | |
| Physical Address (street address only): | | | | | | | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | | | DERGARTEN/PRE | | |
| Distance from home Elementary 8 | e to nearest so HS 0 | chool (one wa | y) | | by t | his contract: | | ge students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week |
| ☐ Contract is for o | ne-way only | | | | 100 | or from School | unles per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | | adlines: RENTS: Due to Sch | ool Clark June 1 | |
| | Pre-K | K | 1-8 | 9-12 | PAR | KENIS: Due to Sch | ooi Clerk June 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | COI | UNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OFT | use offiy) |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | and | d school district (dist | rict name) | |
| | ii parciii (parc | nt name) | | | | | | ······································ |
| (county name) The parties agree as follo | | | | • | | I to as the District(s) | | |
| insured driver will | transport the stude | nts. Mileage cont | racts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | an assures that a licensed and |
| transported for the | past semester. | | • | | | | · | nber of days the student(s) was |
| The payment shall | be computed on t | | | | | the information accompany | | |
| Elementary School | | | rd of Truste | | | | | Date |
| Arrowhead Elem High School Distric | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | | 1 . 0 | 4 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | info | in two and a | | |
| Cimpature Provide | Cuerdin | | 1 attes | t that the above | information | is true and correct. | Data | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box 2 | 202501 MT 59620 | | | | School Year: ue to School | | | |
|---|--------------------------------|----------------------------------|-----------------------------|--------------------------|------------------------------|--|---|--|
| Elementary District Respon | | | Contract | | | County | | Legal Entity |
| Arrowhead Elem | | Ü | | | | Park | | 1215 |
| High School or K-12 District | t Responsib | le for Reimbu | rsing the Con | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shared b | etween ele | ementary ar | nd high scho | ol? | <u> </u> | | | |
| Are you applying for iso (If yes, please attach ex | (planation) | | □ No | | Studer | nt Name | School | Grade |
| ISOLATION: Section 20-1 rates for special circumstar increased rates, individual | nces of isolaticircumstance | tion of resider es must be re | nce. In order to | o receive oproved by the | Studer | nt Name | School | Grade |
| trustees of the district, the or Public Instruction. (10.7.11) | county trans 6 ARM provi | portation com ides guideline | mittee, and thes for such.) | e Office of | | | | |
| Check here only if increase District Trustees and the C | | portation Con | nmittee. | proved by the | Studer | nt Name | School | Grade |
| Elem District Approval HS District Approval | | Ini □ no □ no | itials | | Studer | nt Name | School | Grade |
| County Approval | yes | no | | | THIS (| CONTRACT IS F | OR: | |
| Parent or Guardian Nar | ne: (Please | e Print) | | | | Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Kay Spallone Physical Address (street address only): | | | | | | ndergarten/Kinde | | Deth Competers |
| Tilyologi / taglooo (olloo | | oy). | | | | • | □ 2nd Semester Onl | y Both Semesters |
| Distance from home to | nearest scl | hool (one wa | av) | | Kinde | | EKINDERGARTEN: des <u>with</u> other school-a | age students also covered |
| Elementary 10 | HS 0 | (| - , , | | To or f | rom Bus Stop | times per day, _ | days per week |
| Distance from home to | | s stop, if an | y (one way) | | Fo or f Kinde | rom School rgarten child ric | times per day, _ des <u>without</u> other scho | days per week ol-age students: |
| Elementary 6 H | IS 0 | | | | To or f To or f | rom Bus Stop rom School | times per day, _ times per day. | days per week days per week |
| □ Contract is for one-v | , , | | | | | | | |
| Students in Each Grade Level - | Only include t | | be covered by th | is contract. | | llines: NTS : Due to So | hool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLER | KS: Send origin | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | TY SUPERINTE | NDFNTS: Send origina | ll to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | or your files. | TIPEITIO: Ocha ongine | The of Fby only To, Telam u |
| Room & Board | | | | | | F | REIMBURSEMENT RA strict, county and OPI | |
| Correspondence | | | | | | | , | , |
| Reg. Contingency | | | | | | Reim | bursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between par | rent (paren | nt name) | | | , and s | chool district (dis | strict name) | ······································ |
| (county name) | | | | County, hereina | after referred to | as the District(s | s). | |
| The parties agree as follows: 1. The parent shall transpoint insured driver will transpond transponding. | | | | | | | in session. The parent or guard | ian assures that a licensed and |
| In March and June, the l transported for the past | District shall pa semester. | ay the parent the | e sum officially a | pproved in the applic | cation upon certifica | tion by the teacher or | principal of the school of the nu | mber of days the student(s) was |
| The payment shall be contract shall terming. This contract shall terming. | nate at the en | d of the school y | ear or when the | student(s) is no long | | | | Ta . |
| Elementary School Dist Arrowhead Elem | rict | Chair, Boa | ard of Truste | es | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | <u> </u> | I attes | t that the above | information is | true and correct | | |
| Signature - Parent or Gua | ardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

| _ | | | | |
|----|----|----|-----|---|
| Co | nt | ra | ∩t. | + |
| | | | | |

| PO Box 202501 Helena, MT 596 | | | chool Year 2004- 2005 e to School Clerk June 1 | | |
|--|---|-----------------------------------|---|-------------------------|--|
| Elementary District Responsible for | | act | County | | Legal Entity |
| Arrowhead Elem | J | | Park | | 1215 |
| High School or K-12 District Respor | nsible for Reimbursing t | he Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between ☐ yes ☐ no | elementary and high | n school? | <u> </u> | | |
| Are you applying for isolation st (If yes, please attach explanation | on) | No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, M rates for special circumstances of is | | | | | |
| increased rates, individual circumstatrustees of the district, the county translated Public Instruction. (10.7.116 ARM p | ansportation committee | , and the Office of | Student Name | School | Grade |
| Check here only if increased payme District Trustees and the County Tra | ansportation Committee | | Student Name | School | Grade |
| Elem District Approval | Initials □ no □ no | | Student Name | School | Grade |
| County Approval yes | □ no | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian Name: (Ple | ase Print) | | ☐ 1st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Kelly Landreth Physical Address (street address | an anlulu | | Pre-kindergarten/Kinde | | |
| Physical Address (street address | ss only): | | ☐ 1st Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Distance from home to nearest | school (one way) | | | | age students also covered |
| Elementary 11 HS 0 | scrioor (one way) | | by this contract: To or from Bus Stop | times per day, | days per week |
| Distance from home to nearest | bus stop, if any (one | way) | To or from School Kindergarten child ric | times per day, | days per week pol-age students: |
| Elementary 7.5 HS 0 | | | To or from Bus Stop | times per day, | days per week |
| ☐ Contract is for one-way only | <i>'</i> | | 10 or from School | times per day, . | days per week |
| Students in Each Grade Level - Only inclu | ide the students to be cover | red by this contract. | Deadlines: PARENTS: Due to Sc | hool Clerk June 1 | |
| Pre-K | | -8 9-12 otal Total | | | land maketing a second feature of |
| Regular Trans | Total 10 | i otai | files. | al to County Supt by Ju | ly 1, retain a copy for your |
| Spec. Ed. Trans | | | COUNTY SUPERINTE copy for your files. | NDENTS: Send original | al to OPI by July 10, retain a |
| Room & Board | | | | EIMBURSEMENT R | ATE |
| Correspondence | | | | strict, county and OP | |
| Reg. | | | Reim | bursement rate is deter | mined by |
| Contingency Spec. Ed. Contin. | | | Keim | 20-10-142, MCA. | mined by |
| · | | | | | |
| Agreement between parent (pa | rent name) | | , and school district (dis | strict name) | |
| | rent name) | County barainaft | · · | , | ······································ |
| (county name) The parties agree as follows: 1. The parent shall transport or providence. | do transportation for the at- | | er referred to as the District(s or bus stop on the days when school is | , | dian accuracy that a licensed and |
| insured driver will transport the stu | idents. Mileage contracts a all pay the parent the sum o | re valid only when transportation | on for the distance reported on the contribition upon certification by the teacher or | act actually occurs. | |
| The payment shall be computed o | n the basis of the schedule | | 42, MCA, and the information accompar enrolled in school, whichever occurs fi | | |
| Elementary School District Arrowhead Elem | Chair, Board of | Trustees | | | Date |
| High School District | Chair, Board of | Trustees | | | Date |
| | l | I attest that the above in | nformation is true and correct | | l |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

| _ | | | | |
|----|----|----|-----|---|
| Co | nt | ra | ∩t. | + |
| | | | | |

| PO Box 202501 Helena, MT 596 | | | chool Year 2004- 2005 e to School Clerk June 1 | | |
|--|---|-----------------------------------|---|-------------------------|--|
| Elementary District Responsible for | | act | County | | Legal Entity |
| Arrowhead Elem | J | | Park | | 1215 |
| High School or K-12 District Respor | nsible for Reimbursing t | he Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between ☐ yes ☐ no | elementary and high | n school? | <u> </u> | | |
| Are you applying for isolation st (If yes, please attach explanation | on) | No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, M rates for special circumstances of is | | | | | |
| increased rates, individual circumstatrustees of the district, the county translated Public Instruction. (10.7.116 ARM p | ansportation committee | , and the Office of | Student Name | School | Grade |
| Check here only if increased payme District Trustees and the County Tra | ansportation Committee | | Student Name | School | Grade |
| Elem District Approval | Initials □ no □ no | | Student Name | School | Grade |
| County Approval yes | □ no | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian Name: (Ple | ase Print) | | ☐ 1st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Kelly Landreth Physical Address (street address | 20 001/1 | | Pre-kindergarten/Kinde | | |
| Physical Address (street address | ss only): | | ☐ 1st Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Distance from home to nearest | school (one way) | | | | age students also covered |
| Elementary 11 HS 0 | scrioor (one way) | | by this contract: To or from Bus Stop | times per day, | days per week |
| Distance from home to nearest | bus stop, if any (one | way) | To or from School Kindergarten child ric | times per day, | days per week pol-age students: |
| Elementary 7.5 HS 0 | | | To or from Bus Stop | times per day, | days per week |
| ☐ Contract is for one-way only | <i>'</i> | | 10 or from School | times per day, . | days per week |
| Students in Each Grade Level - Only inclu | ide the students to be cover | red by this contract. | Deadlines: PARENTS: Due to Sc | hool Clerk June 1 | |
| Pre-K | | -8 9-12 otal Total | | | h. 4 |
| Regular Trans | Total 10 | i otai | files. | al to County Supt by Ju | ly 1, retain a copy for your |
| Spec. Ed. Trans | | | COUNTY SUPERINTE copy for your files. | NDENTS: Send original | al to OPI by July 10, retain a |
| Room & Board | | | | EIMBURSEMENT R | ATE |
| Correspondence | | | | strict, county and OP | |
| Reg. | | | Reim | bursement rate is deter | mined by |
| Contingency Spec. Ed. Contin. | | | Keim | 20-10-142, MCA. | mined by |
| · | | | | | |
| Agreement between parent (pa | rent name) | | , and school district (dis | strict name) | |
| | rent name) | County barainaft | · · | , | ······································ |
| (county name) The parties agree as follows: 1. The parent shall transport or providence. | do transportation for the at- | | er referred to as the District(s or bus stop on the days when school is | , | dian accuracy that a licensed and |
| insured driver will transport the stu | idents. Mileage contracts a all pay the parent the sum o | re valid only when transportation | on for the distance reported on the contribition upon certification by the teacher or | act actually occurs. | |
| The payment shall be computed o | n the basis of the schedule | | 42, MCA, and the information accompar enrolled in school, whichever occurs fi | | |
| Elementary School District Arrowhead Elem | Chair, Board of | Trustees | | | Date |
| High School District | Chair, Board of | Trustees | | | Date |
| | l | I attest that the above in | nformation is true and correct | | l |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO E | Box 202501 na, MT 59620 | | | | School Year 2004- 2005 ue to School Clerk June 1 | | |
|---|---|--|--|--------------------------|--|--------------------------------------|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Elen | | olo for Poimbu | reing the Con | tract | Park County | | 1215 Legal Entity |
| HIGH SCHOOL OF K-12 D | istrict Responsi | de loi Reillibu | ising the Com | liaci | County | | Legal Entity |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | |
| Are you applying for (If yes, please attac | h explanation) | 1 | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circum increased rates, individual trustees of the district, | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appropriate in the contract of th | o receive oproved by the | Student Name | School | Grade |
| Public Instruction. (10. Check here only if incr District Trustees and the | eased payment | due to isolatio | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Ini □ no | itials | | Student Name | School | Grade |
| County Approval | □ yes | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Laura Boise Physical Address (s | treet address | only): | | | Pre-kindergarten/Kinde 1st Semester Only | | y Both Semesters |
| | | | | | KINDERGARTEN/PRE | | |
| Distance from home Elementary 12 | e to nearest so | chool (one wa | ay) | | by this contract: | | age students also covered days per week |
| Distance from home | to nearest bu | ıs stop if an | v (one wav) | | To or from School | times per day, | days per week |
| Elementary 3.1 | HS 0 | io otop, ii dii | y (one way) | | To or from Bus Stop | times per day, _ | days per week days per week |
| □ Contract is for o | , , | | | | | | |
| Students in Each Grade Lo | evel - Only include | | be covered by th | is contract. | <u>Deadlines:</u> PARENTS: Due to Sch | nool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send origina files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | | NDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your files. | | ATE |
| Room & Board Correspondence | | | | | | EIMBURSEMENT Ratrict, county and OPI | |
| Reg. Contingency | | | | | Reimb | oursement rate is deterr | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | , |
| | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and school district (dis | trict name) | , |
| (county name) The parties agree as follow | vs. | | | County, hereina | fter referred to as the District(s) |). | |
| The parent shall tra insured driver will t | ansport or provide ransport the stude | nts. Mileage cor | tracts are valid | only when transportat | I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or | act actually occurs. | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the so | chedule establish | ned in Section 20-10- | 142, MCA, and the information accompar | nying this contract. | , ,, |
| 4. This contract shall Elementary School | | | vear or when the ard of Truste | | er enrolled in school, whichever occurs fil | rst. | Date |
| Arrowhead Elem High School District | | Chair Boa | ard of Truste | es | | | Date |
| | | | | | | | |
| | | | I attes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box 202501 Helena, MT 59620 | | D | | | |
|---|--|--|--|--|---------------------------------|
| Elementary District Responsible for Re | eimbursing the Contra | act | County | | Legal Entity |
| Arrowhead Elem | | | Park | | 1215 |
| High School or K-12 District Responsib | ole for Reimbursing t | he Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between ele | ementary and high | n school? | | | |
| Are you applying for isolation statu (If yes, please attach explanation) | | No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans | ation of residence. In the ses must be reviewed sportation committee | order to receive I and approved by the and the Office of | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM proving Check here only if increased payment of District Trustees and the County Trans.) | due to isolation has t | peen approved by the | Student Name | School | Grade |
| Elem District Approval yes | Initials □ no | | Student Name | School | Grade |
| | □ no □ no | <u> </u> | THIS CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Please | e Print) | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Laura` Boise | | | Pre-kindergarten/Kinder | narten | |
| Physical Address (street address of | only): | | ☐ 1st Semester Only | | y □ Both Semesters |
| | | | KINDERGARTEN/PREI | | |
| Distance from home to nearest sci | hool (one way) | | Kindergarten child ride by this contract: | es <u>with</u> other school-a | ge students also covered |
| Elementary 12 HS 0 | | | To or from Bus Stop | times per day, _ | days per week days per week |
| Distance from home to nearest bu Elementary 3.1 HS 0 | ıs stop, if any (one | way) | To or from School Kindergarten child ride To or from Bus Stop | es <u>without</u> other scho times per day, _ | ol-age students: days per week |
| □ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include | the students to be cover | red by this contract. | Deadlines: | 101 1 1 | |
| Pre-K | | -8 9-12 | PARENTS: Due to Sch | | |
| Total | Total To | tal Total | CLERKS: Send origina files. | I to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | | |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | | • | |
| Reg. Contingency | | | Reimb | ursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | | | | | |
| Agreement between parent (parer | nt name) | | , and school district (dist | rict name) | ·, |
| (county name) | | County, hereina | after referred to as the District(s). | | |
| | | | ol or bus stop on the days when school is in ation for the distance reported on the contra | | ian assures that a licensed and |
| | | | cation upon certification by the teacher or p | | mber of days the student(s) was |
| The payment shall be computed on th | | | 0-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs | | |
| Elementary School District Arrowhead Elem | Chair, Board of | Trustees | | | Date |
| High School District | Chair, Board of | Trustees | | | Date |
| | <u> </u> | I attest that the above | e information is true and correct. | | <u> </u> |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 5962 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|---|--|--|---|--|--|--|--|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Eler | n | | | | Park | | 1215 |
| High School or K-12 D | | ible for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isol dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and ap nmittee, and th | to receive pproved by the | Student Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Margaret Newh | | | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | | ly Doth Semesters |
| Distance from home Elementary 12 Distance from home Elementary 4 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest b HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, times per day, | days per week da |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude , the District shall past semester. l be computed on the | transportation fo ents. Mileage cor pay the parent the | r the student(s) t ntracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the application Section 20-10-1 | , and school district (district referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accomparer enrolled in school, whichever occurs fire | n session. The parent or guar act actually occurs. principal of the school of the nu pying this contract. | |
| Elementary School Arrowhead Elem | | | ard of Truste | | | | Date |
| High School District | t | Chair, Boa | ard of Truste | ees | | | Date |
| | | | I attes | t that the above i | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 5962 | 0-2501 | | | School Year 2004- 2005 le to School Clerk June 1 | | |
|---|---|--|---|--|--|--|--|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Eler | n | | | | Park | | 1215 |
| High School or K-12 D | | ible for Reimbu | rsing the Con | tract | County | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isol dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and ap nmittee, and th | to receive pproved by the | Student Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Margaret Newh | | | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (s | street address | only): | | | ☐ 1st Semester Only | | ly Doth Semesters |
| Distance from home Elementary 12 Distance from home Elementary 4 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest b HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, times per day, | days per week da |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude , the District shall past semester. be computed on the | transportation fo ents. Mileage cor pay the parent the | r the student(s) t ntracts are valid of e sum officially a chedule establisl | o and from the school only when transportation approved in the application Section 20-10-1 | , and school district (district referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accomparer enrolled in school, whichever occurs fire | n session. The parent or guar act actually occurs. principal of the school of the nu pying this contract. | |
| Elementary School Arrowhead Elem | | | ard of Truste | | | | Date |
| High School District | t | Chair, Boa | ard of Truste | ees | | | Date |
| | | | I attes | t that the above i | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | -2501 | | | School Year 2 ie to School (| | | |
|--|---|--|---|--------------------------|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | С | ounty | 1 | Legal Entity |
| Arrowhead Eler | n | | | | F | ark | | 1215 |
| High School or K-12 D | | ole for Reimbu | rsing the Con | tract | | ounty | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | nd high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | ı | | | Studen | t Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ition of resider ces must be re sportation com | nce. In order to viewed and apprint the income in the income in the income income in the income in t | o receive oproved by the | Studen | t Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolatio | n has been ap | pproved by the | Studen | t Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | itials | | Studen | t Name | School | Grade |
| County Approval | □ yes | 🗆 no | | | THIS C | ONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Pam Burkhardt | | | | | | dergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | ☐ 1st \$ | Semester Only | 2nd Semester On | ly Doth Semesters |
| Distance from home Elementary 6 Distance from home Elementary 1 Contract is for o | HS 0 e to nearest bu HS 0 ne-way only | is stop, if any | y (one way) | is contract. | Kinder by this To or fr To or fr Kinder To or fr | garten child ride contract: com Bus Stop com School garten child ride com Bus Stop com School | times per day, times per day, times per day, es without other scho | days per week days per week days per week bool-age students: days per week days per week days per week days per week |
| | Pre-K | К | 1-8 | 9-12 | | | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLERP files. | (S: Send origina | I to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy fo | r your files. | | |
| Room & Board | | | | | | | IMBURSEMENT R rict, county and OP | |
| Correspondence | | | | | | (* 5* 5**5 | ,, | , |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | narent (narei | nt name) | | | and ed | chool district (dist | rict name) | |
| | r parent (paren | it flame) | | | | • | , | , |
| (county name) The parties agree as follow | | representation for | | • | | as the District(s). | | idian assures that a lisanced and |
| insured driver will t | ransport the studer | nts. Mileage con | tracts are valid | only when transportation | on for the distance | reported on the contra | ct actually occurs. | dian assures that a licensed and umber of days the student(s) was |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the so | chedule establish | ned in Section 20-10-1 | 142, MCA, and the | information accompany | ving this contract. | |
| 4. This contract shall Elementary School | terminate at the er | d of the school y | year or when the ard of Truste | student(s) is no longe | er enrolled in schoo | l, whichever occurs firs | et. | Date |
| Arrowhead Elem High School District | | , | ard of Truste | | | | | |
| riigii School District | · | Cildii, D0a | aru or rruste | :c3 | | | | Date |
| | | | l attes | t that the above | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| PO Box 2025 Helena, MT | | | | e to School Clerk June | | |
|--|--|---|---|---|--|--|
| Elementary District Responsible | for Reimbursing the | Contract | | County | | Legal Entity |
| Arrowhead Elem | | | | Park | | 1215 |
| High School or K-12 District Res | sponsible for Reimbu | rsing the Con | tract | County | | Legal Entity |
| Is this contract shared betw ☐ yes ☐ no | een elementary ar | nd high scho | ol? | | | |
| Are you applying for isolatio (If yes, please attach explar ISOLATION: Section 20-10-14 | nation) | □ No | mhursement | Student Name | School | Grade |
| rates for special circumstances increased rates, individual circu trustees of the district, the coun Public Instruction. (10.7.116 AR | of isolation of resider mstances must be re ty transportation com | nce. In order to eviewed and apprint and the mittee, and the mittee, and the mittee. | to receive pproved by the | Student Name | School | Grade |
| Check here only if increased pa District Trustees and the County | yment due to isolatio | n has been ap | pproved by the | Student Name | School | Grade |
| Elem District Approval ☐ yes HS District Approval ☐ yes | □ no | itials | | Student Name | School | Grade |
| County Approval | □ no | | | THIS CONTRACT | IS FOR: | |
| Parent or Guardian Name: (| Please Print) | | | Grades 1-12 ☐ 1st Semester O | nly 2nd Semester On | ly Doth Semesters |
| Shelly & Gary Francis Physical Address (street ad | dress only): | | | Pre-kindergarten/K 1st Semester O | indergarten nly □ 2nd Semester On | ly □ Both Semesters |
| Distance from home to near Elementary .5 HS 0 Contract is for one-way Students in Each Grade Level - Only Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | est bus stop, if an only include the students to let all the students th | y (one way) De covered by the 1-8 Total | 9-12 Total | Kindergarten chile by this contract: To or from Bus Sto To or from School Kindergarten chile To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERII copy for your files. (Fo | ptimes per day,times per day, d rides without other scho ptimes per day,times per d | days per week da |
| insured driver will transport th 2. In March and June, the Distric transported for the past seme 3. The payment shall be compu | provide transportation fo e students. Mileage cor t shall pay the parent th ster. ted on the basis of the s | r the student(s) t tracts are valid of e sum officially a | County, hereinaft of and from the school only when transportation approved in the application that in Section 20-10-1 | ter referred to as the Distri or bus stop on the days when scho on for the distance reported on the | ict(s). pol is in session. The parent or guar contract actually occurs. er or principal of the school of the number propagation of the propagati | |
| Elementary School District Arrowhead Elem | | ard of Truste | | | | Date |
| High School District | Chair, Boa | ard of Truste | ees | | | Date |
| | <u> </u> | I attes | t that the above i | information is true and cor | rect. | 1 |
| Signature - Parent or Guardia | n | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box 202501 Helena, MT 59620 | School Year 2004- 2005 | | | | | |
|---|------------------------|-----------------|--|--|----------------------------------|--|
| Elementary District Responsible for Reimbursing the Contract | | | County | | Legal Entity | |
| Shields Valley Elem | | | Park | | 1227 | |
| High School or K-12 District Responsible for Reimbursing the Contract | | | County | | Legal Entity | |
| | | | | | | |
| Is this contract shared between el | ementary and high | school? | | | | |
| Are you applying for isolation stat (If yes, please attach explanation) |) | | Student Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of | | | Student Name | School | Grade | |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | Student Name | School | Grade | |
| Elem District Approval yes no | | | Student Name | School | Grade | |
| HS District Approval | | | THIS CONTRACT IS FO | OR: | | |
| Parent or Guardian Name: (Pleas | | | Grades 1-12 □ 1st Semester Only | Grades 1-12 | | |
| Ken & Rhonda Lahaye | | | | both officators | | |
| Physical Address (street address only): | | | | Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | |
| | | | KINDERGARTEN/PREI | KINDERGARTEN. | | |
| Distance from home to nearest so Elementary 0 HS 0 | chool (one way) | | Kindergarten child ride by this contract: To or from Bus Stop | Kindergarten child rides with other school-age students also covered | | |
| Distance from home to nearest bus stop, if any (one way) Elementary 3.5 HS 0 | | | To or from School Kindergarten child ride To or from Bus Stop | To or from School times per day, days per week Kindergarten child rides <u>without</u> other school-age students: To or from Bus Stop times per day, days per week | | |
| □ Contract is for one-way only | | | To or from School | times per day, _ | days per week | |
| Students in Each Grade Level - Only include the students to be covered by this contract. | | | Deadlines: PARENTS: Due to Sch | ool Clork June 1 | | |
| Pre-K | _K1- | - | | | | |
| Total | Total To | tal Total | CLERKS: Send origina files. | I to County Supt by Jul | ly 1, retain a copy for your | |
| Regular Trans | | | COUNTY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | copy for your files. | | | |
| Room & Board | | | | EIMBURSEMENT Rance of the country and OPI | | |
| Correspondence | | | | | | |
| Reg. Contingency | | | Reimb | ursement rate is detern 20-10-142, MCA. | mined by | |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | | |
| | | - | | | | |
| Agreement between parent (pare | nt name) | | , and school district (dist | rict name) | , | |
| (county name) | | County, hereina | after referred to as the District(s). | | | |
| | | | ol or bus stop on the days when school is in | | dian assures that a licensed and | |
| | | | ation for the distance reported on the contra- ication upon certification by the teacher or p | | imber of days the student(s) was | |
| The payment shall be computed on the | | | 0-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs | | | |
| | Chair, Board of | | | | Date | |
| Elementary School District Shields Valley Flem | | | | | | |
| Shields Valley Elem High School District | Chair, Board of | Trustees | | | Date | |
| Shields Valley Elem | Chair, Board of | | e information is true and correct. | | Date | |